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# PART I.

## ORIGINAL COMMUNICATIONS.

### I.

*Observations on Diseases which are produced by Irritation in the Urethra.* By W. Goodlad, Member of the Royal College of Surgeons of London, and Author of a Practical Essay on Diseases of the Absorbent System, &c.

The Profession is much indebted to the late Mr. Ramsden for demonstrating that "a source of irritation, capable of deranging the testicle, is frequently present in the urethra, and yet completely unknown to the patient." His exposition of this fact is so complete, that it appears almost unnecessary to add to it; yet, as my attention was directed to this source of disease by Mr. Abernethy, long before the publication of Mr. Ramsden's work, perhaps I may be allowed to express an obligation, which it is creditable to owe, and but justice to acknowledge.

Case.

I was consulted by a stout muscular man for a swelling which had existed a fortnight in the left testis. Although it was thrice its natural size, and was somewhat tender to the touch, yet it gave him little uneasiness, and had not kept him from his employment. He had contracted a gonorrhœa some years before this complaint appeared; but it soon left him, and he has uniformly made water in a good stream, though more frequently than usual.

With some difficulty he consented to the passage of a bougie; and as I found the whole membrane surrounding the urethra much more susceptible of irritation than in its natural state, I allowed the bougie to remain only a very short time,

and directed him to sit in warm water every night, to take a dose of castor oil, and to keep the testis suspended. In three days the gland was evidently smaller, softer, and less tender; the bougie gave him less pain, and by persevering in this treatment, his complaint was removed in a very few weeks.

I pass over several analogous cases, and two cases of hydrocele, which have been benefited by similar treatment*, and proceed to mention that irritation in the urethra, with or without stricture, will produce other complaints of the neighbouring parts, which can be relieved only by removing the original disease.

### Case.

In the summer of 1808, a young man, whose habits were irregular, consulted me for hernia humoralis, which had succeeded a gonorrhœal affection. He had been deterred from using injections, in consequence of having laboured under similar attacks. His pain was considerable, and extended to the back. The gland was enlarged to twice its natural size, and was tender to the touch. Opening medicines and evaporating washes, with low diet, and a recumbent position, removed his complaints. Two months afterwards I was desired to visit him, and found him labouring under a similar attack, which also yielded to the common treatment; but was succeeded by a considerable discharge from the urethra, with a cluster of irritable ulcers upon the prepuce and glans penis. A decoction of poppy-heads being applied, the irritation ceased, and the ulcers healed by the use of common cerate. He now first expressed his surprise at these attacks, since the female with whom he had had intercourse was free from disease. No entreaty could prevail upon him to admit an examination of the urethra by a bougie; he made light of his complaints, and pursued his usual habits. After a fit of severe drinking, he had difficulty in making water, which was relieved by the warm bath. He had next an enlargement of the glands in both groins. This subsided without either regimen or application. Again he had swelling of the testis, and lastly half a dozen small watery vesicles rose upon the prepuce. The latter soon healed; but the former continued, notwithstanding a sedulous use of common remedies, and more regular habits. He now consented to have the urethra examined.

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* In one case the collection of water was very much indeed: by the use of the bougie, and after puncturing the tunica vaginalis testis, and letting out about two ounces of fluid, the patient remained free from complaint. Two months afterwards, having experienced considerable pain in the back, he passed, with some difficulty, a small calculus; and the irritation which this body produced was almost immediately followed by a return of the hydrocele for which I operated.

I passed a bougie for that purpose. There was a small stricture, with a very irritable state of the membrane lining the tube. On removing this irritation, the enlargement disappeared, and he continued free from complaint in 1810, when I last saw him.

CASE.

A married man, about forty-five years of age, consulted me for a troublesome itching on the left side of the scrotum, which had existed five years, and for which he had consulted several respectable surgeons in this and the neighbouring towns. The cuticle separated in white scaly patches from the cutis; an exudation of a thin serous fluid, which issued from the exposed surface, irritated the skin on the interior surface of the thigh; and the itching, which was tormenting during the night, or on using exercise, could be allayed only by a degree of violence which caused the blood to burst forth in a considerable stream. The man had been uniformly temperate, and had never suffered from gonorrhœa: he made water in a tolerable stream; but the inclination was frequent, and compelled him to rise at least once, and not unfrequently twice, during the night. I introduced a common sized bougie, and found a stricture about five inches down the urethra, which I could not pass. A smaller bougie was passed with considerable difficulty; but was retained only a short time, in consequence of irritation, sickness, and a disposition to faint. He was desired to bathe the parts in warm water every night, and to return in three days. At the expiration of this time he was so much better, that he was willing to persevere, and in three weeks he appeared to be quite well: but in rather more than a year afterwards he consulted me again; the itching, scaly eruption, and the frequent inclination to make water having returned. I again examined the urethra, and found a stricture in the same part, only more complete than before; but a small bougie at length passed. In three days I passed one considerably larger; but as I was not aware of the great irritability in the passage, I continued to introduce a bougie as large as could be admitted, keeping it in a considerable length of time. Finding the itching increased, I ordered, in addition to the warm water, a liniment of oxyd of lead, to be applied to the part. No benefit was obtained; and I introduced a bougie armed with the argentum nitratum. This produced so great an increase of the irritation, that he was scarcely able to walk: indeed the means I had used increased every other complaint, and the stream of water became contracted and twisted, and was voided more frequently in proportion. A smaller bougie being now passed only once a week, and withdrawn when the part began to feel warm, was followed by a speedy relief of my patient from his complaints; and though upwards of a year has elapsed,

he continues well. It is this circumstance particularly which I think instructive in the case I have related, and which shews the great caution necessary in this mode of treatment. Indeed I shall endeavour to shew that the indiscriminate use of the bougie may do much harm, even when the disease is conjoined with stricture, or too great susceptibility in the urethra.

If this be true, the necessity of forming some criterion by which we may estimate the degree of irritation in the urethra, before we resort to the use of bougies, and of adopting some principle as a practical guide when we have recourse to them, will, I conceive, be generally admitted. As a first step towards this desideratum, I may mention, that irritation in the urethra will influence the bladder, and will be more likely to produce this effect, in proportion as the diseased portion of the canal is contiguous to that viscus. The frequency of making water is, therefore, one symptom by which the practitioner will be enabled to judge of this circumstance, and is at least far more certain than the stream in which it is voided. The degree in which this symptom exists, will also regulate the treatment; for where there is much irritation, the most careful introduction of a bougie will endanger its increase; it should therefore be abstained from until the parts are soothed by warm water, &c. When the bougie is used, care must be taken, not only in passing it along the tube, but that it be not retained long enough to produce re-action.

For this instructive line of practice I am indebted to Mr. Abernethy, who strongly, and I believe justly insists upon it, in the Treatment of Strictures*.

In the case that follows, re-action immediately ensued, whilst in an old man, who was my patient at the same time, and had strictures with little sensibility in the passage, a bougie, however large, if it could be passed, might be, and often was retained a quarter of an hour without inconvenience. The sensation of warmth is, as far as I have observed, the best criterion.

### Case.

J. H——, of R——, an unmarried man, had a swelling of

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* I feel conscious, I may assure the reader, that he will find this rule a much more successful, and a more pleasing guide in that often formidable complaint, than the *indiscriminate* use of the bougie, or of any other instrument, however shaped, or however medicated. It appears indeed unlikely that the same application can with propriety be used in every case—so unlikely, that it would never have been adopted, but for the great name of Hunter, by whom it was first sanctioned. Where we have nothing better, we must be governed by opinion and authority; and we often, I fear, mistake precept for principle.

the left testis, which had existed six months, but was unaccompanied with pain. The posterior part of the gland was hard, tuberculated, and the hardness extended to the epydidymis. He was troubled with an inclination to make water during the day, and was under the necessity of rising for that purpose at least thrice every night. He made water in a good stream; but the emission of the last drops was attended with pain, and followed by a trifling mucous discharge. The introduction of a moderate sized bougie gave him great pain; a strong inclination to void his urine, sickness, and faintness were also produced; it was therefore almost immediately withdrawn. The patient was desired to sit in warm water every night, and to drink plentifully of some mucilaginous liquor; and his bowels were opened by castor oil. No entreaty could prevail on the man to have the bougie again introduced: leeches and evaporating washes were therefore applied to the gland, and a grain of calomel was exhibited every night. By these means the swelling was somewhat reduced, but soon became stationary. A camphor liniment, with mercurial ointment, produced no alteration, and the mercurial pill was given twice a day, until the mouth became sore. The ptyalism was continued a fortnight; but the disease was not at all remedied. Bark, nitric acid, uva ursi, were then tried; and though the pain in voiding the last drops of urine was removed, he had an occasional flow of mucus, and sometimes of blood. During this time he regularly used the warm water, and had every variety of external application.

Seeing the inefficacy of other means, my patient again consented to the use of a bougie. It gave him less uneasiness than before, and was retained five minutes; but instead of the relief I expected from it, I found him in three days with the gland inflamed, and increased in size. The disposition to make water, and the pain on passing it, were also increased; and although leeches, &c. were applied, yet the testis proceeded rapidly to suppuration.

*Bury, Lancashire, October* 4, 1814.

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## II.

*A Case of Pompholyx Diutinus.* By John Winslow Mayd, Surgeon, &c. Epsom, Surrey.

Mrs. ——, upwards of eighty years of age, on the 18th of April 1813, complained of considerable itching and soreness of the skin, accompanied with an eruption, which she described. But as she had a very great objection to any inspection of the skin, the nature of the disease could not at this time be precisely

ascertained. Under these circumstances she was directed to take the following powder three times a day:

℞ Magnesiæ,
Sulphatis Potassæ, ā ā gr. vi.
Sulphuris præcipitati ℈i. Misce.

She was also ordered to take a saline purgative draught twice a week.

This plan of treatment was continued until the 9th of May; but although during the first ten days it produced a considerable diminution of the itching and soreness, yet its power over the disease appeared to extend no further; and as the patient was suffering very much, an examination was now reluctantly permitted. On the left arm, shoulder, and scapula, several blebs were perceived, varying in magnitude from the size of a large pea to that of a filberd, and containing a somewhat bloody serous fluid*. A fresh crop arose on the above-mentioned parts once in every twenty-four hours, the blebs making their appearance chiefly, but not always, during the night. When they were pricked with a fine needle as soon as they arose, and the fluid gently pressed out, scabs soon formed over the parts, and after a short time separated, leaving the skin in an apparently healthy state: but when this was not done, and the bullæ were allowed to increase in size, the fluid became of a more intense colour, and the smarting of the parts underneath more violent: they were therefore directed to be pricked as soon as they were perceived.

On account of the advanced age of the patient, and the appearance of the skin under the blebs, which partook of the colour of the contained fluid, it was thought adviseable to order her a draught with the decoction of cinchona bark, to be taken three times a day; a glass of wine with her meat luncheon, and another with her dinner, which was also of animal food. Under this treatment her strength improved, her natural cheerfulness of disposition returned, and the blebs became smaller and fewer in number. But, as in the former state of apparent amendment, this was an illusive improvement only; the powers of the remedy soon found their limits, and the disease again increased.

24th May. As the medicines last ordered had evidently lost their effect, and the symptoms of the disease were increasing, the following was directed to be taken three times a day:

℞ Pulv. Subtil. Cort. Cinchonæ ℈ij.
Acidi Sulphurici diluti ♏ xv.
Aquæ f ℥ij. Misce.

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* The best description, that can be given of the appearance of the serous fluid, is, that it resembled water in which bloody meat had been washed.

The arm was also ordered to be bathed with the following lotion:

℞ Misturæ Camphoræ f ℥viij.
Tincturæ Opii f ʒij. Misce.

By these means the smarting and itching were again abated; but the relief was still only temporary.

13th June. The internal medicine was again changed for the following, which she took also three times a day:

℞ Decocti Cinchonæ f ℥ij.
Sodæ Subcarbonatis gr. viij. Misce.

This, however, owing to its griping and purging, was taken for a few days only, after which the subcarbonate of soda was omitted, and four drops of laudanum added to each portion of the decoction of bark; but no advantage being obtained, the bark was altogether discontinued.

24th June. Four grains of sulphate of iron were ordered to be taken three times a day; but this remedy produced so much heat of skin, and flushing of the countenance, as to render its continuance improper. It was, therefore, discontinued on the 27th, and testaceous powder, with powder of calumba, ordered in its stead; and four grains of the blue pill directed to be taken every night at bed-time.

5th July. During the last fortnight the bullæ increased both in number and in size; and were attended with an augmented degree of soreness. They now extended over the whole of the right arm; many appeared on the left; a few also, much larger than the others, rose on the chest, and two or three smaller on the face. Another trial of the bark was now therefore begun, combined with a strong decoction of sarsaparilla; but still the addition of small doses of laudanum were requisite to prevent purging. The following pill was also ordered:

℞ Submuriatis Hydrargyri.
Opii, ā ā gr. ss.
Confectionis q. s. Misce ut fiat pilula, hora somni omni nocte sumenda.

16th July. The symptoms remaining nearly the same, the warm bath was employed to-day for the first time; but its effects were extremely prejudicial. The pulse was increased from 84, the usual number of beats in a minute since the commencement of the disease, to 106; and the patient was rendered so weak as to be unable to quit her bed for nearly three weeks. After she had been in the bath, she discontinued the pills and decoction, and took a common saline draught every four hours, with twenty drops of laudanum at bed-time.

21st July. Her arms were now almost completely raw;

one continued sore on each, extending from the shoulder to the tips of the fingers; and where the healing process went on, which was the case in patches, fresh bullæ continued to arise. The saline draughts, however, were continued; the laudanum taken at bed-time was increased to twenty drops; and linseed meal poultices were applied over the arms. Under this plan of treatment, the pulse was lowered to 78, 76, and sometimes 72 in a minute: but as the weight of the poultices was complained of, these were discontinued, and the sores dressed with simple spermaceti ointment, spread on old soft linen.

30th July. Sulphur was again tried, combined with nitrate of potass: but as this combination disagreed with the bowels, it was discontinued in three or four days, and the saline draughts, with the opiate at bed-time, again resorted to. The disease now evidently began to yield; the diminution of the pulse, and the healing of the sores, with the non-appearance of the bullæ, were exactly synchronous; and the restoration of the health of the patient, in every particular, was soon manifest. She was able to leave her bed-room, and sit up ten hours a day; her appetite and cheerfulness returned; and on the 24th of August, her saline draughts having been reduced since the 10th, to two in the day, she left off all medicine, being completely restored to health and strength. On the 13th of September, however, some anxiety of mind having been produced, there was a slight return of the bullæ; but by resuming her saline draughts and the opiate for a week, they quickly disappeared; and she has since remained in perfect health.

OBSERVATIONS.

During the progress of this disease, the urine frequently deposited a lateritious sediment. It was at other times of a small-beer colour, cloudless and letting fall no sediment. There was an evident diurnal evening exacerbation of fever, indicated by flushing of the face, and an acceleration of the pulse six or eight beats in a minute. The only exciting cause which could be discovered was anxiety of mind; and that the primary attack might be attributed to this cause was rendered more probable by a similar degree of anxiety having occasioned a renewal of the symptoms after they had for some time disappeared. Anxiety has indeed been generally put down, by authors, as one of the causes of Pompholyx; but, nevertheless, the proximate cause of the disease is still involved in obscurity. The appearance of the bullæ are also generally regarded as unconnected with idiopathic fever; but the present case, as well as the majority of those on record*, render it more probable that the bullæ are

* *Mem. of the Med. Soc. of Lond.* vols. iii. iv.; *Underwood on the*

merely symptomatic of some peculiar febrile state of the habit, the subsiding of which naturally, or its alleviation by remedies, is necessarily followed by the disappearance of the cutaneous affection. How far the practice, which ultimately proved successful in the present instance, may be regarded as the best method of treating the disease, future experience must determine.

The chief circumstances in which the present case differed from those related by preceding writers, was in the character of the fluid contained in the blebs, which has generally been limpid; and the deleterious effect of the warm bath, which has always been regarded as a remedy of great efficacy in Pompholyx, attacking persons advanced in years. "According to my own experience," says Willan, "the warm bath, used every second day, affords a more immediate alleviation of the symptoms, and contributes more to remove the disease, than any other application*." The general effects of the warm bath in allaying irritation, indeed, warrants this conclusion; and we may therefore regard the contrary result, in the case under consideration, as the effect of a peculiar constitutional idiosyncracy.

*September* 1814.

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## III.

*Case of Poisoning by Corrosive Sublimate.* By O. M. Saunders, Surgeon-Apothecary, St. Neots, Huntingdonshire (*Communicated by* S. Allvey, M. D.)

Simon Sallaway of Eaton, near St. Neots, aged sixty one years, about five o'clock on the morning of the 24th of August last, drank, by mistake, upon an empty stomach, two gulps of a strong solution of corrosive sublimate, prepared for sheep wash, instead of small beer.

As soon as the accident was discovered, which was immediately afterwards, some salt and water was taken, which induced copious vomiting; and in the course of half an hour, (as soon as it could be obtained,) two grains of tartarized antimony with fifteen grains of ipecacuanha were administered as an emetic; which also acted powerfully, and brought up a considerable quantity of bile. Sweet oil was then administered,

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*Diseases of Children*, vol. i.; *Willan on Cutaneous Diseases*, vol. i. p. 548; *Med. Comment.* vol. iv.; *Lond. Med. Journ.* vol. x. part iv.; *Journal de Physique*, tom. ii. p. 2.; *Bateman's Synopsis*, p. 140.

* *Willan on Cutaneous Diseases*, vol. i. p. 555.

and a solution of the subcarbonate of potass directed to be taken occasionally, combined with a few drops of tincture of opium.

For the first four days the patient made no other complaint than that of frequent vomitings, after taking gruel, panada, or other farinaceous substances; there was neither pain nor soreness in the epigastric region upon pressure, or on fetching a deep inspiration; the pulse was small and somewhat quickened; the skin without any inordinate heat; and the countenance not materially different from that of health.

On the sixth day, however, after a restless night, feverish symptoms became perceptible; the tongue was white, and the pulse assumed a degree of fullness and tension. The vomitings had ceased, but they were succeeded by hic-cough, and the patient felt some slight degree of soreness when he attempted a full inspiration. From this time, although the hic-cough had abated, yet, he appeared to lose strength, especially in his lower limbs; the restlessness increased, with the addition of some pain at intervals during the night, and on the ninth morning early he gradually sunk, and expired without a struggle.

The irritation of the stomach had been attempted to be soothed by a saline mixture, to each dose of which, five drops of tinct. opii were added; and a blister was applied to the scrobiculus cordis. He was likewise freely purged with extract. colocynth. comp.; and twelve ounces of blood were taken from the arm, when the pyrexia demanded it; but the mischief proceeded progressively to its fatal termination.

*Dissection.*—Upon opening the abdomen, a small quantity of bloody serum, not exceeding half a pint, was found lying between the convolutions of the upper intestines. The outside of the stomach, which was quite empty, presented a general inflammatory blush, extending to a part of the smaller intestines, and a blood-shot appearance exhibited itself along its large curvature, where the gastric veins were a good deal enlarged; its cavity was lined with a considerable quantity of viscid and glutinous mucus; but there was nothing like corrosion or sphacelation. The liver, spleen, and other viscera were not unhealthy.

*Observations.*—That this man died from inflammation brought on by the action of the sublimate, there is no doubt; but there was one peculiarity in the case, the absence of pain during the principal part of his illness. Could this arise from the inner coats of the stomach being in some measure paralyzed by the poison, and affected with inflammation rather of a chronic than an acute kind* ?

*September 12th,* 1814.

* The above case is one among many of a similar nature, which

## IV.

*Some Account of the Medical Topography of Stourport and its Neighbourhood.* By KENRICK WATSON, Member of the Royal College of Surgeons in London.

STOURPORT is a town of Worcestershire, in the vicinity of Kidderminster, from which place it is situated four miles, in a southern direction: is distant from the city of Worcester 12 miles, from London 123, and about 100 from the nearest sea-coast; at an elevation of feet above the level of the sea*. Much business is transacted in it, being the point at which the Staffordshire and Worcestershire canal joins the Severn, with which river the Stour also unites its stream immediately below the town. Stourport has been entirely re-built within the last fifty years, and is situated upon a gentle declivity, the principal street terminating in an iron bridge over the Severn, connecting it with the parish of Arley Kings.

*Population.*—The number of inhabitants is nearly 3000, and the villages immediately in the vicinity may contain another thousand. The proportion of baptisms to burials is on an average two to one; there having been, during the last two years (1812 and 1813), 208 baptisms and 104 burials.

*Soil, and general Description of the Neighbourhood.*—Within a few miles of Stourport, in different directions, every descrip-

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have hitherto baffled the powers of any curative means that have been employed; but which, by the valuable discovery of the efficacy of albumen, or the white of egg, in rendering corrosive sublimate inert, are now placed under our controul. We congratulate ourselves in having been the means of conveying the first intelligence of this fact to British practitioners, by our review of M. Orfila's valuable work, (see REPOSITORY, vol. ii. p. 317 to 330.) We have repeated several of M. Orfila's experiments, and have found them correct; and for the sake of those who may have to experiment on this subject, we would observe, that in putting the dried combination of albumen and corrosive sublimate into a glass tube, in order to test it, as directed by M. Orfila, it is requisite that no more be introduced than can be heated at the same instant of time; for by neglecting this precaution, the quantity least heated, swells and stops up the tube, while in the part subjected to the full effect of the fire, the reduced mercury is volatized, and bursts the tube with an explosion, unless the glass should melt, and allow the expanded metal to blow it into a globe.—EDITORS.

* We regret that our Correspondent has not ascertained the elevation above the sea. In a medical topography this seems a point of some importance, especially as it regards atmospherical humidity, and its influence on the health of the inhabitants.—EDITORS.

tion of soil and situation may be met with. Immediately round the town the soil is light sand and gravel. A stratum of sand is first found several yards in depth; then about one yard of gravel, and afterwards sand rock.

On the opposite side the river, the light lands terminate at about the distance of three miles towards the south, by a range of hills, extending many miles, composed principally of red sand and lime-stone. On the further side of these hills the soil is a stiff clay. The banks of the Severn are very high above the water, on account of the nature of the soil through which it runs; and the hills which overhang its southern bank are for many miles covered with wood.

The meadows in this neighbourhood were, till within these few years, mere bogs; but they are now drained, and in general well cultivated.

The springs contain a large portion of sulphate of lime, carbonate of lime, and muriate of soda. There seems to be a considerable difference as to the quantity of sulphate of lime contained in different springs at the distance of a few yards from each other.

*Botany.*—On account of the various kinds of soil in the neighbourhood of Stourport, as sand, bog, rock, lime, clay, and loam, a considerable variety of plants are met with. The following are some of the scarce ones:

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| Anthyllis *vulneraria* - - - - | Warfgrove Hill |
| Atropa *Belladonna* | |
| Antirrhinum *Orontium* - - | Lower Arly |
| Campanula *patula* | |
| ——— *hederacea* - - - | Hartlebury Common |
| ——— *latifolia* - - - | Dick-brook, the foot road from Abberley to Stourport |
| Cardamine *impatiens* - - - | Abberley |
| Convallaria *majalis* - - - | Shrawley Wood |
| Comarum *palustre* - - - - | Bogs near Stourport |
| Cistus *Helianthemum* - - - | Warfgrove Hill |
| Dianthus *Armeria* - - - - - | near Martley Turnpike |
| ——— *deltoides* | |
| Daphne *Mezereum* - - - - | Shelsley |
| Drosera *rotundifolia* - - - | Hartlebury Common |
| Gentiana *Amarella* - - - - | Woodbury Hill |
| ——— *campestris* - - - | Wire Forest |
| Geranium *phæum* - - - - | Abberley |
| ——— *maritimum* - - - | Stourport |
| Galanthus *nivalis* - - - - | Abberley |
| Gnaphalium *margaritaceum* - | Wire Forest |
| Helleborus *viridis* - - - - | Glasshampton |
| ——— *fœtidus* - - - - | Southstone's Rock |
| Hypericum *dubium* - - - - | Common |
| Impatiens *Noli me tangere* - - | Slagley near the Poole |
| Lathyrus *sylvestris* - - - - | Abberley Hill |

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| Lathyrus *Nissolia* - - - - | Avenue Glasshampton Shelsley |
| Lathræa *Squamaria* - - - | Abberley |
| Lysimachia *vulgaris* - - - - | Ampstall |
| Monotropa *Hypopithys* - - - | Shrawley Wood |
| Melampyrum *cristatum* - - | near Ambersley |
| Narthecium *ossifragum* - - | Wire Forest |
| Narcissus *Pseudo-Narcissus* - - | Abberley |
| Nymphæa *alba* - - - - - - | Sir W. Blomet's Pool |
| Orchis *ustulata* - - - - - - | Abberley and Warfgrove Hill |
| Ophrys *apifera* - - - - - - | Abberley Hill |
| Osmunda *Lunaria* - - - - - | Abberley Hill |
| ——— *regalis* - - - - - | near Kidderminster |
| Ononis *spinosa* - - - - - | near Redstone Rock |
| Pyrola *minor* - - - - - - | Abberley Hill |
| — *rotundifolia* - - - - | Wire Forest |
| Polypodium *fragile* - - - - | Witley Court |
| ——— *Oreopteris* - - - | Abberley Hill |
| Rumex *aureus* - - - - - - | Stanford |
| Ranunculus - - - - - - - | Abberley |
| Serapias *ensifolia* - - - - - | Abberley Hill |
| Sium *repens* - - - - - - - | Abberley Hill |
| Sorbus *domestica* - - - - - | Wire Forest |
| Silene *anglica* - - - - - - | Lower Arley |
| Sambucus - - - - - - - - | Abberley |
| Scabiosa *columbaria* - - - | Martley |
| Utricularia *minor* - - - - - | Stourport |
| ——— *virgatum* - - - - - | Holt |
| Vinca *minor* - - - - - - - - | Pensax |
| Viola *palustris* - - - - - - | Stourport and Shelsley |

*Agriculture.*—The introduction of canals into this district has certainly greatly assisted in improving the condition of its inhabitants. Before inland navigation was established, the principal business of the Farmer consisted in drawing coal and iron to the forges in the neighbourhood, and in conveying the manufactures of the northern counties to Bewdley, a town three miles from hence up the Severn. In consequence of this mode of employing their time, their farms, being neglected, were overrun with briars and weeds, undrained, and uncultivated; and the fields, cut up by the number of cart horses, were little better than waste lands. The canal itself has drained some districts; and owing to its having deprived the farmers of their former occupation, they have been obliged to devote more time and attention to the improvement of their lands. Since the introduction of the turnip system of farming, wheat is planted with success. Fifty years ago a field of it was rarely seen.

On the opposite side of the river the orchards are very extensive, particularly on the borders of Herefordshire.

Most of the old sorts of apples have degenerated, and some of them are become quite extinct. Mr. Knight's observations

respecting the decline of all grafted trees, when the parent stock dies from a natural old age, is confirmed by every day's experience. The crops from the old sorts are very precarious, and the fruit of an inferior quality. On the other hand, some of the new sorts, as the bitter-sweets, and more particularly the red and yellow Norman, bear to a considerable certainty, and the fruit is as fine, of its kind, as possible.

The American blight has spread very much in this neighbourhood among the apple trees. The only effectual method to prevent its extension seems to be burning every tree as soon as it is attacked. The insect which occasions the blight does not attack the pear trees. A disease something similar has appeared among the larch trees; and so very general is it, that in some plantations every tree is covered with insects.

During the late high prices of wheat, the farmers were induced to destroy many hop grounds; but there now seems to be a general disposition among them again to extend their plantations*.

Of late years attempts have been made to improve the breed of horses in the county, by the introduction of blood horses. How far it has succeeded is certainly very doubtful; for it rarely happens that a blood horse, if unfit for the turf, is of much value for the common purposes of life.

This part of Worcestershire does not excel in its breed of sheep; many are of a bad sort, and take a long time to fatten, though the markets are supplied with great plenty of fine meat. Those bred in the neighbourhood are not very liable to die of the rot, if attention be paid to them. Great numbers have the disease in a slight degree, though not sufficient to prevent their getting fat. There does not seem to exist more than one species of the disease; at least there is only one species in which flukes (*tænia hydatigena*) are to be met with in every case†.

*State of the Poor, and Price of Labour, &c.*—The poor in this district are generally placed in comfortable circumstances. Most of them might get animal food for their families several days in the week, but the women prefer tea; and the use of spirits

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* About 1500 hop-pickers pass through this place annually; each receives 8d. per diem, and a breakfast: and it is calculated that they destroy or take away £700 worth of fruit.

† We shall be glad to see the causes of this disease, its progress, and its termination, investigated with more attention than our correspondent has here given to it. What are the soils on which it chiefly occurs? what are those exempt from it? and what are the prevailing diseases in the human subject on each of these?—Editors.

with it is, I fear, an increasing evil. Fish is not in sufficient quantity to be considered as an article of diet.

The agricultural labourers are paid twelve shillings per week, and each man is allowed a gallon a day of cyder or beer. In the harvest, the extra labourers are sometimes hired for the month, when they are all allowed an unlimited quantity of fermented liquor, and their meat. Some of them will drink three or four gallons a day. Labourers from Cheshire and Lancashire come here occasionally in the harvest. At first they prefer, as a beverage, glaster (butter-milk and water), but soon learn to drink cyder, though it commonly affects their bowels. Many tons of apples are now annually sent by the canal into the north, so that much less cyder is made than formerly. Milk can rarely be procured by the poor, and butter-milk they will not touch. Stourport being a depot of coal, which is sent down the river into Gloucestershire, the poor are generally well supplied; the price of coal is about sixteen shillings per ton, but large quantities are constantly stolen. Many labourers are employed as coal-heavers, porters, &c. who receive good wages. The rent of labourers' houses is very high; the poorest cottage lets for seven or ten pounds, without any garden. The only manufactures carried on in the neighbourhood are of iron, which are numerous, and employ many hands. Friendly societies are very general among the forgemen, and the more respectable class of labourers.

Diseases.—Continued fever in this neighbourhood is commonly very mild, and rarely proves fatal, except from the accession of visceral affections. The most simple treatment is commonly adopted; purging and antimonials are always pushed to a considerable extent with the very best effect: in protracted cases the mineral acids, a very little wine, (two or three glasses a day), cyder and water for drink, and the greatest attention to the appearance of disease in any of the viscera, generally succeed. Those in whose cases large quantities of stimuli have been given, seem to be much longer in recovering their strength at the end of the disease than the others.

*Intermittent Fever.*—Since the introduction of canals and drainage of the bogs, this disease is never met with here; forty years ago it was so prevalent, that the farmers could scarcely get their business done for want of hands.

*Small Pox.*—During the last eight years no person in this town or neighbourhood has died of the disease, except one man who came from Gloucester ill with it. Vaccination has almost superseded inoculation for the small pox. This preventive gains ground daily; and no case of failure has occurred in this neighbourhood.

*Measles.*—Since the suppression, or rather extinction of small pox in this town, although the measles have been very general several times, yet, it does not appear that there has been any increase of mortality from the disease.

*Bronchocele.*—This is here a very common disease. The burnt sponge has certainly a decided effect in stopping it in its early stages; the form of a lozenge is commonly made use of. A decoction of laurel leaves is a popular remedy as an external application. In this county they cover every swelling with scalded leaves (cabbage or beet are preferred); and to inflamed joints they are a very good application, as they keep up a constant discharge from the skin. They are likewise constantly used as a dressing to blisters.

*Stone in the Bladder.*—During a very extensive practice of twenty-five years, no case of stone has occurred.

*Hepatic Complaints.*—Diseases of the digestive organs, and, in a remarkable degree, affections of the hepatic system, are very prevalent in this district. Among the workmen employed in the different forges the disease is so common, that, I believe, it would be very difficult to find a man who has worked at the forge for a few years that is not more or less affected by it. At the village of Wildon, in this neighbourhood, about sixty men and boys are employed in the works. The boys begin to work between nine and twelve years of age: they soon lose their colour, and look sallow; but are in general healthy. They commonly continue so till about twenty-five, when they begin to feel the effects of disease, and have the appearance of being much older than they really are. They frequently continue for many years without any disease sufficient to prevent them following their business; but if ever they are attacked by any active disorder, as fever, or pneumonia, it always terminates in hepatic disease. Any external injury, or any other cause sufficient to increase the action of the heart and arteries for a short time, seems sufficient to bring on the affection of the liver; and in a forgeman, attempts to remove disease of any kind is vain, without attending particularly to the biliary secretion. It is surprising to what an extent diseases of the liver will sometimes exist without producing sufficient disturbance in the constitution to prevent these men continuing their accustomed employment. In July last, a forgeman died here, who had worked at the forge till within three weeks of his death without any particular complaint; though when the body was examined after death, the liver weighed fifteen pounds.

Forgemen are generally intemperate in their habits, both in eating and drinking. During their work they drink small beer; and as long as they abstain from ale and spirits, they seldom suffer; at least the boys who drink only the former, are healthy.

Hepatic affections very frequently make their appearance at the commencement of phthisis pulmonalis, and it sometimes happens that the affection of the lungs is stopped by removing that of the liver. In other cases, the affection of the hepatic system seems to be a secondary disease produced by that of the chest; in which case, little is to be expected from any plan of treatment.

It will be seen by the subjoined list of diseases, taken during the first fortnight of the month of May, that of 81 patients, 22 had affections of the liver: and I believe that in this part of Worcestershire the proportion is nearly correct.

| | | | |
|---|---|---|---|
| Hepatitis chronica - - - | 20 | Chlorosis - - - - - - - | 2 |
| Hepatitis indurata - - - | 2 | Hydrothorax - - - - - | 1 |
| Hydrocephalus externus - | 2 | Hœmoptysis - - - - - | 5 |
| ——— internus - | 1 | Phthisis - - - - - - - | 6 |
| Typhus - - - - - - - | 3 | Rheumatismus acutus - | 3 |
| Concussio cerebri - - - | 2 | Paralysis - - - - - - | 1 |
| Catarrhus - - - - - - | 9 | Fractura - - - - - - - | 1 |
| Nephralgia - - - - - - | 2 | Peritonitis chronica - - | 1 |
| Ambustio - - - - - - - | 1 | Pneumonia - - - - - - | 1 |
| Ophthalmia - - - - - - | 1 | Dysenteria - - - - - - | 1 |
| Congestio capitis - - - | 2 | Enteritis - - - - - - - | 1 |
| Dyspepsia - - - - - - | 4 | Asthma spasmodica - - | 1 |
| Verruca pudenda - - - - | 1 | Febres infantiles - - - | 5 |
| Hernia humoralis - - - | 1 | | — |
| Syphilis - - - - - - - | 1 | Total - - - - - - - - | 81 |

It must not be supposed that this proportion of hepatic diseases is only correct with regard to forgemen.

The above cases occurred in various situations of life; and many of them were among females.

Children at any age, if affected with pneumonia which is not removed very quickly, though they may have been in the most perfect health before the attack, yet frequently sink from affections of the liver, and other abdominal viscera. And there is no doubt but these affections are as frequently a consequence as a cause of fever, particularly if pneumonia has preceded the other complaints.

*Stourport, Worcestershire, Oct. 4th,* 1814.

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*** The state of the medical profession, a prominent feature, as we conceive, in a medical topography, has been altogether overlooked by our correspondent. The number and appropriation of the regular faculty, with a distinct account of the professional publications of each, will surely form an interesting portion of these details. The degree, character, and pretensions of empiricism would form a useful and valuable addition; and, when executed with moderation and candour, would lead, by degrees, to a history, in which not only the medical faculty, but society at large, would feel an interest.—Editors.

## V.

### *Strictures on the Treatment of Uterine Hæmorrhage.* By a Country Practitioner.

Being actively engaged in the practice of midwifery, and considering the occurrence of uterine hæmorrhage as the most distressing circumstance attending that branch of the profession, I was naturally pleased to see the subject of it taken up in a late number of the Repository. The perusal of the paper, however, I confess, disappointed me. The writer appears to consider the subject in a singular manner; and as his meaning is obscure, I have thought my time would not be mis-employed in endeavouring to elucidate it, by a reference to the authorities which he has himself mentioned.

I trust there needs no apology for calling the attention of medical men again to this subject, as it is of all others the most alarming as well to the patient as to her attendant. Of all hæmorrhages, that from the pregnant womb is the most appalling; and it behoves the young practitioner, before he is called to such a case, to weigh well the subject, and to make up his mind respecting the mode of practice he shall pursue: for if he be then embarrassed, and his conduct be wavering, he will expose the life of his patient to risk, as well as his own reputation.

It is, therefore, solely with a view to improvement, and not from any invidious motive, that I notice the case related by Mr. King*; parts of which I shall now beg leave to transcribe, in order that I may offer some remarks upon it.—"A woman, at the full period of utero-gestation, was taken in labour, when the os uteri was dilated to the size of half-a-crown; hæmorrhage took place, and gushed from the uterus with every feeble pain. It appeared to me that the discharge took place from a point near the os uteri, where the placenta was partially detached. In a similar case a celebrated teacher directs to dilate the os uteri, and to deliver by art; and when once the os uteri is sufficiently dilated, to give brandy, if it be deemed necessary, to cause the uterus to contract as it expels its contents; but not to use a stimulus while there is no reasonable hope that the contents will be quickly removed, or that the parts of the fœtus will press upon and close the bleeding vessels; because under such circumstances stimulants would increase the hæmorrhage. This I had been taught, and the doctrine influenced my con-

* *London Medical Repository.* vol. ii. p. 208.

duct, and induced me in the above case to forbid the use of brandy, and to wish to deliver by art. However, the opinion of a neighbouring and older practitioner being taken, the contrary advice was adopted."

The opinion of this celebrated teacher appears to me somewhat unintelligible, and to involve a contradiction. For we are first directed to dilate the os uteri, and deliver by art; and afterwards, when the os uteri is dilated, to give brandy, to enable the uterus to expel its contents. This ambiguity of expression may be a means of preventing the mischief which the paper might otherwise be productive of: for if it tend, in any degree, to encourage the use of stimulants in uterine hæmorrhage, it must, I think, prove highly dangerous. It might induce the timid practitioner, in such cases, to place his reliance on stimulants. He might think that, by increasing the action of the womb with brandy, he should hasten delivery, and by that means stop the flooding.

It appears, indeed, that in the above case this practice was adopted; but with the result of it we are not made acquainted. It would certainly afford some clue to judge of the propriety of this plan of treatment, if we knew whether the patient survived it or not. The practice, however, appears to me to be founded on an imperfect knowledge of the means which nature employs to restrain bleedings, and likewise on an erroneous notion of the action of the womb itself.

It is well known, that faintness is a powerful means of stopping floodings, as it affords time for the formation of coagula and also for the contraction of the bleeding vessels; two of the great resources of nature to check hæmorrhagy in general. Whether this contraction arise from the vessels themselves, or be the consequence of diminution of the cavity of the womb, the effect is the same, and affords a sufficient lesson to guide the practitioner. Now it is evident that stimulants tend to prevent these effects; first, by accelerating the circulation, nature is interrupted in her own process of restraining the hæmorrhage; secondly, if the placenta be attached near the os uteri, as it appears to have been in the above case, (though, by-the-bye, no examination to that effect seems to have been instituted,) stimulants must increase the discharge, by dilating that part of the womb.

The concurrent testimony of authors also proves that the class of medicines called sedatives is alone indicated in active uterine hæmorrhage, and that stimulants are altogether improper. So cerussa super-acetas, digitalis, opium, the application of cold, &c. have each their partisans and prescribers. To allay irritation and inordinate action, is indeed the indication to be pursued in every case: but where the hæmorrhage arises

from implantation of the placenta over or near the os uteri, delivery is the only effectual remedy.

It is in these cases that the precise and practical remarks of Mr. Rigby avail; whose ample experience, and sound and discriminating judgment, have reduced the practice to demonstration. The result of that gentleman's experience has led him to conclude, that where part of the placenta is attached over the os uteri, delivery, as soon as the orifice of the womb is dilated, or *dilatable*, is the only means of preserving the patient. On the other hand, where the placenta is fixed to the fundus, or any part remote from the os uteri, we may safely wait, and trust to rest and sedatives, such as cold, &c. to restrain the discharge; or, if the case be urgent, he advises that the membranes be punctured.

Having thus endeavoured to point out the impropriety of giving spirits in uterine hæmorrhage, it only remains to shew that the recent observations of Dr. Stewart and Mr. Charles Bell do not "tend to sanction that plan of treatment." Mr. King remarks—"Perhaps the rules laid down by Dr. Stewart for the exhibition of opium in uterine hæmorrhage, are founded on the same principle as the giving of brandy, and other stimuli, in such cases; and the recent observations of Mr. Charles Bell, on the muscular structure of the uterus, may possibly tend to sanction the stimulant plan of treatment."

If I rightly understand Dr. Stewart, he does not give opium in uterine hæmorrhage as a stimulant to "cause the uterus to contract as it expels its contents;" but rather as a sedative, to diminish its action, and that of the blood vessels, by allaying the irritability of the system. "Liberal doses of opium," says he, "by allaying this state of irritability throughout the system," (induced by the hæmorrhage,) "diminish the action of the heart and arteries, and support the strength, by removing the principal cause of weakness." And so far from giving opium as a stimulant "to cause the uterus to contract," he lays down a rule that it "ought not to be exhibited till we have determined that the natural efforts are insufficient to expel the child*." The power of opium, indeed, to suspend the action of the womb, is familiar to every practitioner. Hence its use in lingering labour, where the os uteri is not dilated, and where the perpetual pains, or contractions of the uterus, tend only to harass the patient, without accelerating the delivery.

The conclusion to be drawn from Mr. Charles Bell's excellent paper in the Medico-Chirurgical Transactions, as it relates to uterine hæmorrhage, is, that he has demonstrated that the

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* *Med. Chir. Trans.* vol. iv. p. 370.

uterus is muscular—that the contraction of these muscular fibres tends to restrain uterine hæmorrhage; but "that during the contraction of the upper part of the womb, the lower part dilates and relaxes." Here, then, there seems no encouragement for the use of stimuli; indeed the practical inference to be deduced from the paper, is, that we must pursue the plan recommended by Mr. Rigby; or, as Mr. Bell himself expresses it—"in common cases, breaking the membranes and accelerating the labour, checks the flooding, and secures the safety of the patient; but when the placenta is attached to the os uteri, the reverse of this takes place*."

It would be foreign from the object of this paper, to consider further the treatment of uterine hæmorrhage. I shall therefore only just intimate, that even in the floodings, which sometimes take place after delivery (where the contraction of the uterus is the primary object to be obtained), the administration of stimulants is of very doubtful efficacy. Practitioners, however, are occasionally induced to give wine or stimuli in the state of lowness and faintness from hæmorrhage after delivery; but this practice is of very questionable propriety. There are cases where the action of the heart seems nearly suspended, the pulse being almost imperceptible, in which a tea-spoonful or two of brandy or wine may be given, to keep the heart, as it were, going, without increasing its action too much: but this is extremely difficult and nice to determine; and it is much safer in these cases not to give wine or brandy at all, than to give them in too large a quantity, or at an improper time.

*Wirksworth, October* 18*th*, 1814.

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## VI.

### Mr. Croker's *Remarks on Mr.* Bellingham's *Observations on a Case of Hydrocephalus.*

Controversies, particularly medical, are frequently to be lamented; because they are generally uninteresting to all but the parties engaged; and are thus remotely detrimental to science, as deterring many from communicating that information which they would otherwise publish. But where freedom of discussion is intended to elucidate only, it should be admitted, and be accessible to all; while justice demands, that a feeling of misrepresentation should be allowed to be expressed and pointed out, "for by such conduct only, can truth, the end and aim of every lover of science, be elicited."

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* *Med. Chir. Trans.* vol. iv. p. 355.

Some modern and distinguished pathologists, in their works on diseases of the abdominal viscera, have pushed their doctrines rather to an extreme. To these, Mr. Bellingham seems a rigid convert. The case recorded*, and considered by myself to be one of hydrocephalus from external violence, terminating successfully by adopting a mercurial course to the extent of producing ptyalism, he feels no hesitation in stating, to be one of disordered viscera; and, "that to the one hundred and thirty-five grains of submuriate of mercury, acting as a stimulus to the intestinal canal, and correcting that morbid state of the hepatic system, which, as a secondary fomes, induced the disordered state of the sensorium; the recovery of the patient is attributable†." So that he has lost sight of the primary "fomes."

Surely Mr. Bellingham has observed morbid affections of the chylopoëtic viscera, without any consequent derangement of the sensorium; and in the present case, from the day of the accident to the time when ptyalism was produced, the first passages were constantly deranged. Can he allow this to be occasioned by the intimate connection of the brain and abdominal viscera only? As to the term, "secondary fomes," it can, I imagine, be more properly applied to the expected menstruation. He says, that I have mentioned "one symptom characteristic of hydrocephalus" only. I feel assured, that he will give me credit for my patient's disease, symptoms, &c. being faithfully narrated in my case-book, which is now before me, the detail fully corroborating and characterizing the severe form of the complaint; that it was attended and attested by another practitioner; and also that he will give me credit for a correct understanding of the pathognomonic symptom of hydrocephalus.

With due deference to Mr. Bellingham's abilities and opinion, still I feel convinced, that the case will be considered by those who give it attention, as hydrocephalus. I hope that Mr. Bellingham cannot complain of my receiving the remarks of others with deficiency of candour or want of respect, on account of any difference of opinion we may individually hold.

*Bouly Tracey, Devon, October* 18*th*, 1814.

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## VII.

### Sir Wm. Adams' *Operation for Cataract.*

I was much pleased with the perusal of a letter inserted by Sir William Adams in a former Number of the Repository,

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* See *Repository*, vol. i. p. 378. † Ibid. vol. ii. p. 280.

(vol. i. p. 460), in which he assigns as a reason for his declining at that time to publish his New Method of Operating for Cataract, a desire, previously, to bring it to the utmost degree of perfection of which he believed it susceptible.

Several months having now elapsed since that letter appeared, during which, I presume, sufficient opportunities must have occurred to enable him duly to appreciate its real value; I feel anxious to hear the pledge then given immediately redeemed, and hope the profession and suffering humanity will not, any longer than till the appearance of your next Number, be deprived of the advantages which the disclosure of the process alluded to seems to promise. CHIRURGUS.

*London, Nov. 10th,* 1814.

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## VIII.

*On the Effects of some Remedies for the Cure of Scabies.* By J. Wilson, Member of the Royal College of Surgeons of London.

In the Repository, vol. i. p. 215, under the head *Foreign Medical Science and Literature*, are some observations of Dr. Galés and M. Jadelot, on the means of curing the itch. As the public entertains a very disgusting idea of this disease, any observations explanatory of its nature, or the best mode of treating it, may be acceptable to the profession; and with this view, I presume to offer the result of my experience in its cure.

Dr. Galés states, that the *Acarus Scabiei*, which he supposes he had discovered, are instantly destroyed by the vapours of melted sulphur. I imagine, however, that there is some mistake in his manner of expressing himself: Does he not mean sulphur in a state of combustion? Sulphur, when merely heated, is only volatilized, or exhales flores sulphuris; which we all know has no great degree of efficacy in cases of confirmed itch. But if, as I suppose to be the case, he means sulphur ignited, the vapour will be sulphurous acid gas. Another process for fumigation that he proposes, is also ill calculated to carry his intentions into effect. He recommends the combustion of sulphur combined with nitre, to be introduced into the bed by means of a warming pan. Now we all know, that *sulphuric*, rather than *sulphurous* acid, must be generated by this process; although a small portion of the latter will be formed towards the end of the combustion. The curative effects of this process is, I judge, owing to the latter alone; for we have not any

reason to believe, that sulphuric acid gas can be decomposed by the skin at any temperature which the animal sensibility can bear; and if it be not so decomposed, we must be at a loss to conceive how it should afford relief, when we reflect, that lotions of the common sulphuric acid are of little avail, although of a strength sufficient to excite inflammation of the skin. I would beg leave to suggest, that the combustion of sulphur per se, or the decomposition of concentrated sulphuric acid, so as to produce sulphurous acid, would be more speedily efficacious than Dr. Galés' process; because more copiously affording that matter, which, in my opinion, is the remedy required. So fully has my mind been impressed with the fact, that sulphurous acid is the most appropriate remedy for scabies; that I have long prescribed it, diluted with rose or lavender water, as a lotion for that disease, and with uniform success. If the perfumed menstruum be good, it covers the scent of the acid.

The preference which I give to sulphurous acid, is the result of experiment; for I have put the remedial power of sulphur to the test, in its relative states of simple exhalation and of sulphurous and sulphuric acid gas; and having a steam bath at my command, which can be occasionally converted into a dry vapour bath, I enjoy the means of determining the point to my own satisfaction. The results of repeated comparative trials have satisfied me, that sulphur, whether simply volatilized, or in the form of sulphuric acid gas, is far inferior to the sulphurous acid gas in the cure of itch. I have tried them with and without steam, and have always found the same superiority in effect attached to the sulphurous acid. When steam is combined with this acid, the vapour may, to a certain degree, be inspired; which, doubtless, adds much to its efficacy. I have reason to believe also, that in cases of itch, the internal administration of the sulphurous acid dissolved in water, is preferable to either the sulphur in substance, or the sulphuric acid; the system not easily acidifying the former, or decomposing the latter.

Respecting the bath mentioned by M. Jadelot, I cannot conceive that it can possess much efficacy. Indeed his own report denotes, that many immersions are requisite; which, combined with the disgusting odour of sulphuretted hydrogen, and the time required for the immersion, with the trouble of preparing the warm bath, are great objections to its use in private practice. I have tried the sulphuretted hydrogen gas as a vapour bath in itch; but its effects are too inefficient. In some cases of lichen and prurigo, it perhaps surpasses every article of the materia medica however exhibited; especially when conjoined with steam at 100° of Farenheit. May not the effect be attributed principally to the sulphurizing the sys-

tem through the immediate circulation? Upon the whole I do, very humbly, conjecture, that we have not yet fully appreciated the value of respiratory medicine, (if I may be allowed such a term,) and that it merits the attention of all who take a sincere interest in medical science.

As these remarks are directed to practical considerations solely, it may not be irrelevant to add, that the best application for the itch, known to me, in those cases where sulphurous preparations are absolutely objected to, is the following:

℞. Decocti Veratri f ℥ viij.
Hydrargyri Oxymuriatis ʒ i.
Potassæ Nitratis ʒ ij.
Ammoniæ Muriatis ℥ ij. M. ft. Lotio frequenter utenda.

Where the skin is irritable, this lotion should be diluted, and the strength gradually augmented, as the parts will bear it. When it is used too strong, large inflamed pustules arise.

12, *Charles Street, Middlesex Hospital, Oct.* 11, 1814.

# *PART II.*

# ANALYTICAL REVIEW.

## I.

*Facts and Observations relative to the Fever commonly called Puerperal.* By John Armstrong, M. D. 8vo. pp. 162. London, Longman and Co. 1814.

The extraordinary, if not extravagant assertion made by Dr. Brenan in his pamphlet on Puerperal Fever*, with the alarming prevalence of that disease in the northern and midland English counties, have induced us again to take up the subject, in an analysis of Dr. Armstrong's ingenious practical essay. If, indeed, there had not been a counterpoise which we will explain, the importance of the subject, the boldness of practice, the correctness of style, and the lucid arrangement of matter, presented in Dr. Armstrong's work, would have determined our review of it as soon as it came before the public. But thus impressed, we took a concise sketch of its prominent

* *Repository*, vol. ii. p. 392.

features in the Half-yearly Report of the Progress of Medical Science*; and deferred a more enlarged account, till time, aided by unbiassed inquiry, should have dispersed doubts that had been excited as to the veracity of the author's statements.

We have seen, in the course of our professional experience, the rise, progress, and subsidence of so many hypotheses, and the overthrow or abandonment of so much practice founded on them, that we view with caution, if not with suspicion, histories of singular morbid states, relations of extraordinary effects of remedies, and the exhibition of medicines of either uncommon employment or in very unusual doses; and we require to have such histories and relations supported by the positive evidence of personal knowledge of their authors, or by the closest analogies. With Dr. Armstrong we were not acquainted. This alone gave reason to pause. But means contemporary with his publication, were likewise exerted to prejudice our opinion, and mislead our judgment. Contemning, as we always do, anonymous information, when apparently arising out of personal motives, we were disposed to reject altogether hints thus insidiously conveyed; but being in a measure guardians of the public health, and the avowed exposers of imposture, it was prudent to suspend judgment until sufficient time had elapsed for the refutation, if they were false, of Dr. Armstrong's details.

Upon receiving a letter, guarding us against giving confidence to Dr. Armstrong's account of the existence of epidemic puerperal fever at Sunderland, and in its vicinity, we pursued the only path to which fairness and candour pointed. In the notices to correspondents in the number for last May, we observed to our informant "that those who are acquainted with the existence of fallacy, and do not openly come forward to put the public on their guard, are equally culpable" with the projector of the imposition. Six months have now passed away, and no contradiction of Dr. Armstrong's statement has appeared; but on the contrary, the Doctor has, within that time, published additional evidence of the truth of his positions. Enough of caution then has surely been exercised by us to satisfy the most fastidious. But it remains to do that justice to Dr. Armstrong, which his character and professional reputation demand; and which the work before us evinces him to merit.

What is *Puerperal Fever*, may be asked, *in limine*? Is it every febrile condition that occurs to lying-in women? Is it the fever that accompanies uterine or peritoneal inflammation? Is it

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* *Repository*, vol. ii. p. 36.

a fever *sui generis*, having a specific character and definite origin, being disseminated by contagion only? Or is it an epidemic arising out of some peculiar state of the atmosphere, or some local circumstance, whether miasmata or other deleterious material yet unknown? Difficult as these questions are to answer, under the disagreeing statements and contradictory histories which have so frequently and so long been before the public, it is desirable that an effort should be made to answer them. If puerperal fever, "strictly so called," is not puerperal peritonitis, inflammation of the uterus, and its appendages, or puerperal ephemera, (vulgo weed,) &c. what is it? It is, says an ingenious critic on Dr. Armstrong's work, "*a low malignant epidemic, the low epidemic of child-bed*;" and he is surprised that any of the diseases incident to lying-in women can be mistaken for it, peritonitis excepted. But notwithstanding this assertion, there is assuredly an obscurity in the pathognomonic symptoms of puerperal fever "strictly so called," which leave it loosely characterized and ill defined. And the evidence of this is, the diversified treatments to which it has been subjected; all, or most of which have been indicated by some hypothetical opinion of its cause, or of its specific quality. Bleeding, vomiting, purging, bark, wine, and opium, have each been employed; but surely not on the same principle or from the same reasoning. While we find some physicians pronouncing it to be a low epidemic, and therefore arising from some atmospherical influence, and others contending that its propagation is by animal contagion; while some treat it with blood-letting and purging; and others with bark, wine, and opium; while with some ipecacuanha is the specific; and with others, oleum terebenthinæ; we are compelled to acknowledge, that the marks distinguishing puerperal from other fevers, must be obscure and uncertain; that the curative processes are contradictory as founded on reasoning, or that they are purely empirical.

In this dilemma we look to the essay now before us for tenable facts by which puerperal fever may be distinguished from other diseases of the lying-in state, and the practice in it explained and rationally established. It would be doing an injustice to abridge the author's history of the course of this fever; and although the passage is long, the delineation of the disease, faithful as it appears to us, will insure the indulgence of our readers:

"This complaint generally occurred about twenty-four or thirty hours, and seldom later than four days, after delivery. It did not seem to depend upon difficulty of labour, for in most of the women in whom it occurred parturition was remarkably easy, and the placenta was cast off after a proper interval, and without more than

usual pain. Nor was the lochial discharge, before the attack, in any way apparently affected. The disease was ushered in by very slight shiverings, or rigors, by oppression at the præcordia, by vomiting, retching, or nausea, and by considerable anxiety of mind. When the shiverings or rigors abated, which were often very short, the skin became universally hot and dry, and the thirst urgent. The tongue was much paler than usual, and appeared as if it had been recently rubbed, or dusted with a very fine whitish powder; in some few instances, however, the tongue was tolerably clean and moist about the edges, and this was more especially the case when vomiting frequently occurred. The matter thrown up, consisted of the ingesta, mixed with mucus, and yellow or greenish bile. The pulse was seldom less than 120 in the minute, and rather full, tense, and vibrating, or very small, sharp, or somewhat wiry.

"The countenance at this period assumed an inexpressible anxiety, the lips were pale and parched, and there was a kind of livid stripe under each eye, but the cheeks were flushed with a circumscribed redness, like that which is observed in the true hectic. The respiration soon became hurried, and the patient often sighed heavily, was restless, and turned from one part of the bed to another, or lay upon her back, and constantly moved her head from side to side, or suddenly lifted up her hands, and threw them down again with some force upon the bed-clothes. Commonly a little before, or at the very commencement of the shiverings or rigors, there was in the lower part of the belly more or less pain; occasionally it was very acute, shooting in the direction of Poupart's ligament, and through to the back and loins. In some instances, the pain was deep and obtuse, and more confined to one particular part; but in every case, it was aggravated by pressure in and about the hypogastric region. However limited in its extent at first, it afterwards gradually spread over the surface of the abdomen; which became tender to the touch, tumid, and tense.

"In three cases only I witnesed that extraordinary enlargement of the abdomen, so particularly noticed by Dr. John Clarke, in his dissertation on the low epidemic of lying-in-women; but I find that it was a symptom of far more frequent occurrence to Mr. Gregson, a surgeon, of Sunderland, who has had a very extensive field for observation. Some substances, resembling hard bands or chords, passed completely across the abdomen, and could be distinctly traced beneath the muscles by moderate pressure of the fingers. These last appearances, as far as I know, have not been noticed by any practical writer, though in the cases which fell under Mr. Gregson's care, some of which I saw, the appearances above described were very often found. The secretion of the milk was nearly suspended soon after the attack, the breasts became flaccid, and the mother, so lately all solicitude about her child, now seldom enquired after it, and indeed seemed almost insensible to those things which before most deeply interested her feelings. The lochial discharge either disappeared, or only issued in small quantity, and was very dark and uncommonly offensive. The urine was scanty and high coloured, but generally passed without much pain. The bowels were constipated and flatulent, and in two instances something similar to the

globus hystericus was observed. Though all the patients were restless in the extreme, seldom obtaining a moment's sleep, yet they never complained of violent pain in the head, but of an uncomfortable aching and lightness there. The eyes, when the fever was at its acmé, seemed rather brighter than natural, and the pupils were slightly dilated. The whole train of symptoms already described may, in a practical view, be called the first stage of the disease—the stage in which alone a fair opportunity is offered to the practitioner of saving the life of the patient."

This state of high febrile excitement, constituting the first and medicable stage, continues not longer than fifty hours, passing then into the second and fatal stage, when the pulse increases in rapidity, becomes soft, compressible, and feeble; giving the idea, that the heart with difficulty keeps on the circulation. The phenomena of this second stage are marked with a precision similar to that which characterizes the author's description of the first.

"For some time after the accession of the second stage the skin remained at an increased temperature and dry, but then the patients almost constantly complained of chilliness. The cheeks were alternately flushed and deadly pale, the eyes lost their lustre, the pupils were much dilated, and a kind of dewy perspiration stood upon the face and forehead. The pain gradually and entirely receded from the surface of the abdomen, when it usually happened that dark, slimy, and very fetid stools were discharged from that time onward. The thirst was unceasing, and when any liquid was offered, the patients hastily seized the vessel, and glutted down its contents, as if they had previously been expiring for want of drink. The tongue for the most part was brown, or rather black and parched, and had apthæ upon it, which even appeared about the edges of it at an early period. In one very bad case, however, the tongue continued clean and moist to the last, but there was an almost perpetual vomiting throughout the second stage, though only a slight nausea occurred in the beginning, and very little vomiting in the rest of the first stage. Indeed vomiting was always more urgent in the last than in the first stage of the disease, and the matter then thrown up very much resembled coffee-grounds, and was offensive to the smell. The teeth and gums were crusted with dark, slimy sordes, and the breath was disagreeable, as if it had been tainted with mercury. Throughout the complaint there was a short teasing cough, but this was more especially the case in the last stage, when the respiration grew very short, feeble, and frequent, and the alæ nasi were thrown into perpetual motion.

"Soon after the advancement of the second stage, the patients began to talk incoherently, they frequently made attempts to get out of bed, and occasionally, after having lain still a short time, suddenly started, and spread out their hands, which were then very tremulous, as if to ward something off that was approaching them. About this time, two patients became gradually collected, complained of no pain whatever, looked and spoke cheerfully, and flattered themselves that they would soon be well; this illusion

continued till within an hour or two of their departure, rendering them completely insensible to their real situation; and even to friends, though warned by the medical attendant, their death was at last unexpectedly sudden. But in three other unfavourable cases, the light wanderings of the mind which took place at an early period of the second stage, were not succeeded by a state of serenity, but by a low muttering delirium, speedily followed by a stupor, in which the patients lay with their eyes half-closed, and could not be roused from it, but by loud speaking, upon which they started as from a disturbed sleep, uttered some vague and hasty expressions, and then sunk into the same condition as before. A few hours before death, in these cases, some dark scattered petechiæ appeared, and the skin was in that peculiar state which accompanies the last stages of tetanus, and the nervous fever of intoxication, the whole surface felt soft, relaxed, and clammy, and the hand glided almost as smoothly over it as if wet by soap and water."

There was some variety in the phenomena of different cases; but the leading and characteristic symptoms were abdominal pain and soreness; short anxious breathing; extremely quick pulse; increased temperature; anorexia; prostration of the vital powers; suppression or diminution of the milk and lochia; excessive restlessness; an unnatural condition of the intestinal discharges; a sudden alienation of mind with regard to the child, which the mother, early in the disease, seemed to have lost all solicitude about; a peculiar expression in the face, the proper physiognomy of the disease*;

* This is described by Dr. Armstrong as manifesting two emotions at the same time, alarm and solicitude, and is considered by him to be characteristic of this puerperal fever. Some years since (1811), in a number of these Reports then published in the Med. and Phys. Journal, we stated the advantages that would arise to the science and practice of medicine, by attending to the peculiar expression of diseases, as shown in the face. We were indebted to the *Observations sur la Physiognomie propre à quelques maladies chroniques* of Dumas for the first hint; and our remark then was, "that the principle of Dumas might be applied to many acute diseases; for, if the violence and termination of morbid affections are from this source occasionally obvious to superficial observers; what may not be expected, when persons of talent, capable of discriminating and selecting, apply earnestly to the subject? The pencil will afford an auxiliary of immense importance; and, as a faithful and characteristic portrait will probably depend on a few lines happily caught, when these lines are well understood, much of the difficulty will be vanquished. No branch of medical science seems so perfectly untouched as this; nor so likely, when executed with sufficient precision, to bring the reward of reputation." We are pleased to find that our remark has not been lost, and that Dr. Marshall Hall has in the press a Practical Treatise on the Physiognomy and Attitude of Patients. The observation of Dr. Armstrong adds one more fact to this branch of science.

and a marked *mauvais odeur*, arising from the patient, which the utmost cleanliness could not subdue.

The prognosis in this rapid and often uncontrollable complaint is necessarily taken both from general and particular views. It is agreed, that the earlier the attack, the greater, *cæteris paribus*, is the danger; that those whose powers of feeling are much diminished from the beginning, and who complain but little, generally sink; also that an excess of sensibility is to be dreaded; for those patients, who are tremblingly alive to every surrounding impression, seldom recover. "Tremors of the limbs, starting of the tendons, a quick convulsive motion of the upper lip, an agitated countenance, with a hurried unconnected manner of speaking, constant sighing, attended with a tossing of the arms, pain and oppression of the chest, visual deceptions, imaginary strange sounds and voices, muttering and stupor, are among the most unfavourable symptoms." The state of the mind also influenced the event; unmarried women were consequently in more danger by this disease than the married.

"The state of the respiration, pulse, stomach, and skin must, in a great measure, regulate the prognosis. When the respirations are short, feeble, and amount to sixty in the minute; when the pulse becomes extremely weak and compressible, and rises above one hundred and sixty; when there are frequent vomitings of a coffee-coloured fluid, an increase of abdominal distention, repeated shiverings, a universally cold damp skin, and a very rough, dry tongue, the case may be pronounced desperate; on the contrary, when the respiration grows easy, deep, and slow; when the pulse comes down, and ceases to be variable; when the stomach retains the food and medicine, the stools continue copious, the tension and pain of the belly abate; when the skin breaks out into a warm sweat, the tongue becomes clean and moist, and especially when fresh discharges of the lochia, and secretion of the milk take place, the symptoms fully authorise a favorable opinion."

In the treatment of the complaint thus described, the strictly speaking specific puerperal fever, Dr. Armstrong seems to have been directed by views at once clear and rational; his practice being on these views prompt, energetic, and successful. "Every review of these unfortunate cases," he says, "tended to convince me, that *bleeding and purging* were the most promising medicines; and experience had taught me that even these would be inefficient, unless they could be brought to operate powerfully on the disease in its first stage."

The detail of a case, as treated on this principle, will probably be the best way to state the practice.

"The patient had not been ill longer than twelve hours, and the case seemed full as threatening as any of those which had ended

unfavorably. Twenty-four ounces of blood were immediately drawn from a large orifice, one scruple of calomel, suspended in mucilage, given immediately afterwards, and two ounces of a strong infusion of senna, containing two drachms of the sulphate of magnesia, ordered to be taken every hour till copious evacuations should be produced; the attendants were directed to allow the patient barley-water, agreeably acidulated with lemon juice, for a common drink and diet, and to withhold the smallest portion of solid food, or stimulating liquids. In about four hours the medicines began to operate, and several copious, dark, fetid stools were discharged; from that time considerable relief was obtained, and a regular perseverance in cathartics, with mucilaginous drinks, and a regimen of weak chicken broth, completed the cure in five days."

In many cases, calomel was given in doses of half a drachm, succeeded by sulphate of magnesia, infusion of senna, castor oil, &c. often repeated at short intervals. No untoward effects seem to have arisen from these large doses of calomel; but on the contrary, when venesection preceded or accompanied its use, the issue was favourable. Thirty-eight successful cases out of forty-three, were treated by copious depletions.

"In twenty-nine of them, calomel was exhibited in doses of a scruple or half a drachm at the beginning, and occasionally repeated in the course of the distemper. For the most part, it passed so expeditiously along the intestinal canal that there were very few instances in which ptyalism was excited, and whenever this was the case, it seemed a favorable circumstance, all the patients, with only one exception, recovering with more than ordinary celerity from the time that the mouth became affected. And further to illustrate the *superior* efficacy of large doses of calomel, it may be here remarked, that in none of the five cases which proved fatal more than fourteen grains of calomel were given on the accession of the fever, jalap, sulphate of magnesia, and castor oil being the cathartics chiefly employed during its progress."

The facts here stated, their veracity being fully confirmed by subsequent documents, appear perfectly decisive as to the right method of treating a disease, the first stage of which is highly inflammatory, the excitement sudden and excessive; succeeded in the second stage by a failing of the vital powers, in a ratio agreeing with the excess of excitement in the first. The naturally moderate or artificially reduced excitement of the first stage, was always the scale by which the hazard of the second was to be measured. If the excitement in the first was excessive, the prostration of vital powers in the second was fatal. If the morbidly increased action of the first was moderate naturally, or rendered so by art, the debility of the second was not difficult to manage. "It has always appeared to me," says Dr. Armstrong, "that the tendency to putridity in the latter stage was always proportionate to the degree of inflammation in the

former." We confess ourselves ready to recognize in this sentiment, a great and universal principle in pathology; viz. that the subsequent debility, prostration of vital power, or putridity, as it has been, perhaps erroneously, termed, will always be in a ratio agreeing with preceding excitement. The true method therefore of supporting the strength subsequently, will be, to moderate the primary diseased excitement. Of the propriety and efficiency of this, as a general principle, we have felt so fully convinced, that at every opportunity we believed it a duty to direct attention to it as far as we were able. The exhibition of tonics and excitants during any part of the inflammatory stage of any disease, especially visceral, with the intent to obviate subsequent debility, we have ever held to be false in pathology, and absurd in logic. In the particular instance before us, Dr. Armstrong, by a perspicuous relation of facts, has made out a strong case in favour of a principle we have long laboured to support; and we trust the practice on this principle, when judiciously adopted*, will preserve the lives of many of our fair countrywomen from the ravages of this dangerous distemper.

Upon the causes and prevention of this fever, some remarks deserving attention are contained in Dr. Armstrong's Treatise; but for a detail of them, having trespassed thus far on the patience of our readers, we refer to the work. Of the agency of the atmosphere in the production of this complaint, nothing is known; whether it be contagious in any part of its progress, does not seem quite certain; but though it is here asserted to be communicated by that medium, the author does not admit that contagion constitutes a decided distinction between it and common peritoneal fever, because every observation and inquiry which he has been able to make, tends to a belief, that, like scarlatina and cynanche maligna, they are modifications of the same disease, "and that the peritoneal fever, when fully formed, is in kind, though not in degree, as contagious as the epidemic." That specific puerperal fever may differ in degrees of violence, as do mild and malignant scarlatina, we cannot doubt; but that common peritonitis is contagious and productive of this fever, we know not how to admit: it seems more consonant to

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* "Although strenuously insisting upon the utility of phlebotomy at an early period of the first stage, yet it was never my intention to affirm," says Dr. A. "that it is of itself equal to the removal of the puerperal fever; on the contrary, I feel it my duty to declare, that it has generally failed in my hands, unless followed by powerful cathartics. It is not then simply bleeding and purging in which I have so much confidence; *but in copious bleeding, immediately succeeded and diligently followed up by copious purging; or, in other words, in the powers of these two remedies exerted on the disease at the same time.*"

the analogies of nature, to believe that the milder cases, called common peritonitis, were actually instances of mild puerperal fever, in the strict sense of the term, capable of propagating the disease by contagion, and that each case depended, for its mildness or malignity, on the peculiarities of the person it attacked. Thus the parallel with scarlatina fully holds*.

As an attentive observer of nature, Dr. Armstrong has strong claims to the approbation of his brethren; as a bold and successful practitioner, we speak from the evidence contained in his Treatise, he will have the reward of reputation: and as having elucidated, with considerable felicity, an obscure, malignant, and mortal disease, notwithstanding opinion may not go with him in every particular, he will be placed in no disreputable part in the scale of medical literature, nor dishonoured by this production in the ranks of science.

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## II.

*Traité des Poisons tirés des Règnes Minéral, Végétal, et Animal, ou Toxicologie Générale, &c.* Par M. P. Orfila.

*(Continued from page 330.)*

In that part of our review of M. Orfila's Treatise which is already before our readers, the importance of the subject led to a very unusual extension of our analysis; and yet we were able to examine the first species only of the first class of his arrangement of poisons. We have, therefore, to re-commence our task with the second species of the same class, "*Arsenical Poisons*;" comprehending the following varieties:

"1. Arsenious acid, or white oxide of arsenic.
"2. Arsenites, or combinations of this acid with salifiable bases.
"3. Arsenic acid.

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* Since this was written, some facts have come to our knowledge, which go very far to confirm the opinion, that a contagious principle does actually exist as the seminum of specific puerperal fever. One of Dr. Armstrong's correspondents, Mr. Gregson, believed that he had disseminated the disease by transferring the fomites. This seems very clearly to have taken place also in London, as we are informed by Dr. Ramsbotham. Hence we feel convinced that a practitioner may be the means of spreading the disease; and, consequently, every feeling of humanity demands, that he should never visit a lying-in woman in the clothes in which he sees a patient labouring under *puerperal fever*, or should suspend his practice altogether for a time. We have received information from Abingdon, that puerperal fever was epidemic there last winter, but under a peculiar form, the account of which we must give at a future period.

"4. Arseniates, or combinations of arsenic acid with salifiable bases.
"5. Yellow sulphuret of arsenic.
"6. Red sulphuret of arsenic.
"7. Black oxide of arsenic, fly powder, (poudre aux mouches).
"8. Arsenical vapours."

Following the plan pursued in the examination of the mercurial poisons, our author first notices metallic arsenic, and its affinities with chemical agents; and concludes, from the experiments of Bayen and Renault, that it does not appear to be poisonous. He, however, admits that in some instances its administration has been followed by the death of the animal; but supposes that this effect may depend on the facility with which it is converted into an oxide.

In the chemical history of arsenious acid, M. Orfila has adopted the conclusions of Klaproth, as to the solubility of this salt in water*. He corrects an error into which some writers on forensic medicine have fallen, in stating that the precipitate produced in a solution of white oxide of arsenic by lime water, is black; on the contrary, it is a very beautiful white. Sulphuretted hydrogen gas throws down, in a solution of arsenious acid, a golden yellow precipitate, when $\frac{1}{100000}$ only of the acid is present: yet the hydro-sulphurets produce no effect, unless a few drops of some acid be added to the mixture. Nitrate of silver throws down a sulphur-yellow precipitate, which blackens on exposure to light; or rather, according to Dr. Marcet, with whose observations our experiments accord, it gradually passes to a brown colour†. It is a combination of arsenious acid and oxide of silver, and is formed, according to our author, in the following manner:

"*Theory.*—The arsenious acid attracts the oxide of silver, with which it forms an insoluble body; and the nitric acid set free remains in solution. This effect depends equally on the affinity of the arsenious acid for the oxide of silver, and the powerful cohesion of the precipitate thus formed."—p. 129.

Of the salts of copper, M. Orfila regards the ammoniacal sulphate to be the most delicate test of the presence of arsenious acid, as it indicates its presence in a solution, which contains $\frac{1}{110000}$ only of its weight of this acid. The precipitate thrown down is of a beautiful grass green colour. Prussiate of potass exerts no action on such a solution; neither is there any produced by albumen, gelatine, sugar of milk, picromel, or the resin of bile. It is, however, decomposed by a long continued

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* For an account of Klaproth's experiments, see *Repository*, vol. ii. p. 250. † *Medico-Chirurg. Trans.* vol. iii. p. 344.

action of the voltaic pile, metallic arsenic being found coating the extremity of the negative wire.

With the view of reducing white arsenic to its metallic state, our author prefers a flux, composed of equal parts of charcoal and nitre, to soap, suet, or even oil, charcoal, &c. as proposed by Dr. Bostock. When arsenious acid is treated with the flux proposed by M. Orfila, a metallic incrustation is formed in a tube containing $\frac{1}{8}$ of a grain only of the acid.

But the most important of M. Orfila's labours on this part of his subject, are his observations on the effects of re-agents on solutions of arsenic in various matters employed as aliments. The only test, according to his experiments, which can be depended on for discovering this acid in an infusion of tea, is sulphuretted hydrogen, which precipitates it of a beautiful yellow colour: in coffee the ammoniacal sulphate of copper precipitates it grass green; and the same test is to be preferred for detecting it in wine, in which case the precipitate is a blackish blue (bleu noiratre). In albumen, gelatine, and bile, containing white arsenic in solution, nitrate of silver produces a white precipitate; but the other re-agents produce the same effects as in a simple solution of arsenious acid. In broth, containing it, a white precipitate also is produced by nitrate of silver; while ammoniacal sulphate of copper changes the colour of the fluid to a sallow green, without occasioning any deposit.

"If one part of arsenious acid in solution be added to ten parts of milk, sulphuretted hydrogen changes the white colour of the fluid to a lively yellow; ammoniacal sulphate of copper gives it a light greenish tint; but nitrate of silver produces no effect, even when the proportion of the arsenious acid is very considerably augmented; the hydro-sulphurets precipitate it a golden yellow, if a drop or two of acid be added; ammoniacal sulphate of copper, green; and nitrate of silver, white; whatever may be the quantity of arsenious acid employed."—p. 136.

In a note, our author considers the nitrate of silver, proposed by Mr. Hume as a test for arsenious acid, objectionable in many cases.

"En effet," says he, "si la quantité d'acide arsénieux mêlée avec les alimens est tres-petite, et que ceux-ci renferment des muriates, il doit y avoir à-la-fois formation d'un peu d'arsénite d'argent jaune et de beaucoup de muriate d'argent blanc, de manière que le précipité doit paraitre de cette dernière couleur, tandis qu'il devrait être jaune."—p. 137.

He is, however, evidently unacquainted with the method of removing this ambiguity, proposed by Dr. Marcet; which, for the sake of such of our readers as may also be ignorant of it, we transcribe, in the Doctor's own words:—"If to this dubious precipitate a few drops of dilute nitric acid be added, the arsenite of silver is instantly dissolved, and the muriate of silver,

which is insoluble, immediately assumes its peculiar density and whiteness. If a little ammonia be now added to the clear fluid, the yellow precipitate appears in the most distinct manner, and becomes even more characteristic, from a comparison with the white precipitate, the appearance of which differs from this in every respect." (*Med. Chir. Trans.* vol. iii. p. 346.)

With regard to the action of arsenious acid on the animal œconomy, M. Orfila adopts the opinion of Mr. Brodie, that the fatal effect is not generally the consequence of the local inflammation of the stomach; but is the immediate result of the suspension of the functions of the heart and brain. If, however, the animal survives the accident for some length of time, dissection proves that the mucous membrane of the stomach and intestines is ulcerated to an extent amply sufficient to occasion death.

Four very interesting cases are detailed, to illustrate the symptoms of poisoning by arsenious acid; two of its internal administration, and two in which it was externally applied. We regret that our limits do not permit us to extract these; but we translate the following, which are given by our author as "les symptomes produits par l'acide arsénieux, considérés d'une maniere générale."

"An austere taste, fœtid breath, frequent ptyalism, and constant spitting, constriction of the pharynx and œsophagus, the teeth on edge, hic-cough, nausea and vomiting, sometimes of brown, sometimes of bloody matter; anxiety, frequent faintings, a sensation of heat in the præcordia, and inflammation of the lips, the tongue, the palate, throat, and œsophagus; pain of the stomach so severe, as not so allow the mildest fluids to be drank; the alvine discharges black and horribly offensive; the pulse small, frequent, concentrated and irregular, sometimes slow and unequal; palpitations of the heart, and syncope; unquenchable thirst, great heat, extending over the whole body, with the sensation of a devouring fire; sometimes icy coldness, difficult respiration, cold sweats, and the urine scanty, red, and bloody; the features of the countenance changed, a livid circle appearing round the eyelids; swelling and itching of the whole body, which is covered with livid blotches, and sometimes with a miliary eruption; great prostation of strength, loss of feeling, particularly of the feet and hands; delirium, convulsions, often accompanied with insupportable priapism, falling off of the hair, the separation of the epidermis, and, finally, death."—p. 153.

With regard to the morbid appearance produced by arsenic on the viscera, our author dissents from the opinion of Sallin, that it is of a peculiar character; and quotes cases related by Chaussier, Etmuller, and M. Marc, to shew that, in some instances, examination after death has displayed the slightest degree only of inflammation of the stomach and intestines, without any gangrene or erosion. In the majority of cases, however, the degree of inflammation is considerable, although, as Mr. Brodie has stated, it never extends to the œsophagus, or

the pharynx: and the same anatomist has observed, that neither ulceration nor eschar of the stomach or of the intestines occurs, when the animal dies suddenly; but both these terminations may be the result, if the fatal event be protracted.

Following the same method as he adopted in investigating the effects of corrosive sublimate as a poison, M. Orfila supposes four cases, in order to illustrate the processes which are requisite to enable a certain opinion to be given, whether a case of poisoning be the consequence of taking arsenious acid.

In the first, "*L'Individu est vivant; on peut se procurer les restes du poison.*" If the substance be in the solid state, half a grain of it should be dissolved in half an ounce of distilled water at 30° (86° Faht.), and tested by the re-agents already noticed; while another portion, mixed with the black flux, should be exposed for a few minutes to a red heat in a small glass tube. The peculiar effects produced by arsenious acid, when thus examined, will be conspicuous, if one grain only of it be obtained. If the arsenic have been applied externally, as a plaster, or in any other form of external application, this must be cut in pieces, and boiled in six or seven times its weight of distilled water; the solution filtered, and then tested with the proper re-agents. But if these detect no traces of arsenious acid, the solid parts must be mixed with charcoal and potass, and calcined, when the appearance or non-appearance of shining metallic arsenic will sufficiently demonstrate whether the poison be arsenical.

In the second case, "*L'Individu est vivant; tout le poison a été avalé; on peut agir sur la matiere des vomissemens.*" 1. If these be liquid, they should be filtered and tested by the proper re-agents; and although precipitates, indicating the presence of arsenic, be procured, yet the remaining portion should be evaporated to dryness, and tested by heat, as already mentioned; in order to procure the arsenic in the metallic state. This part of the process, indeed, should also be had recourse to, although the filtered fluid yield no traces of arsenious acid. 2. If the substances vomited be both fluid and solid, these must be separately essayed; and should the solid matter be of such a nature that it will not admit the process of reduction to be performed in a small tube, a retort, coated with clay and sand, and fitted with a proper receiver, must be employed; when, if arsenic be present, on the retort being heated to redness, it will sublime, in the metallic state, in the neck of the retort.

"3. If the matter vomited be liquid, and very abundant, and be precipitated yellow by sulphuretted hydrogen, it may be mixed with an excess of hydro-sulphuret of ammonia and a little muriatic acid: all the arsenious acid will be thus decomposed, and transformed into a yellow sulphuret; which, being separated by filtration, and dried, may be calcined with a little potass in a glass tube. It is evident that, by the action of the heat, the potass will attract the sul-

phur, and form a fixed body, while metallic arsenic will appear upon the sides of the tube. This method is more convenient than evaporation, when the quantity of liquid to be operated on is very great."—p. 163.

In the third case, "*L'Individu est vivant ; tout le poison a été avalé ; on ne peut pas agir sur la matiere des vomissemens.*" In this case we can be directed in our diagnosis only by an attention to the symptoms.

The fourth case, "*L'Individu est mort,*" is that which is of most frequent occurrence ; and, in a *forensic* point of view, of the first importance. Although the means by which death from the administration of arsenic is to be ascertained, have been anticipated by the prior details, yet our author, after examining separately the processes of Hahnemann, Rose, Roloff, and Fischer, for detecting this poison, enters into a copious investigation of the best method "*pour decouvrir l'acide arsénieux apres la mort d'un individu empoisonné par cette substance.*"

"After having detached the alimentary canal, in the manner already described, (*Repository,* vol. ii. p. 326,) the fluid and solid matters contained in the stomach must be collected. If any particles of arsenious acid be perceived, these should be collected and analysed ; but if none be found, then the liquid portion of the contents of the viscera must be passed through a fine linen cloth, and tested, as described in treating of the substances ejected by vomiting. If, however, these essays detect no poison, the solid matters must next be examined ; but the appearance of the texture of the canal should be previously noted, and the stomach itself detached and cut into pieces, which ought to be kept in alcohol to preserve them from putrefaction."—p. 169.

The steps by which we are to proceed in the chemical examination of these matters, are minutely and perspicuously described, and well deserving of the attentive perusal of every practitioner who is desirous to appear to advantage, and support the credit of the profession, when his opinion may be required in a court of justice.

In entering upon the consideration of the treatment of poisoning by arsenious acid, M. Orfila commences his inquiries by this question, "Existe-t-il quelque contre-poison de l'acide arsénieux?" In answering this question, the experiments of M. Renault are quoted to shew the inefficacy of the alkaline sulphurets and acetic acid, on which some reliance had been placed ; while the experiments of the same author with sulphuretted hydrogen are also quoted ; from which it appears, that this may, in a certain degree, be depended on as a counter-poison, if it can be ascertained that the arsenic has been taken in a state of solution ; but if it has not been dissolved, it seems to have no efficacy.

The first object to be attended to for relieving an individual poisoned by arsenic, is the evacuation of the poison by vomiting ; and this, our author properly observes, is to be effected

rather by swallowing large quantities of tepid water, sugar, or honey and water, linseed tea, marsh-mallow or mallow tea, and such like fluids, than by more violent methods. Fatty substances, as oil, butter, cream, &c. are not only not useful, but, as has been clearly proved by the experiments of Fourcroy and Renault, are extremely prejudicial. Lime water, when the poison has been taken in the state of solution, has been found to be useful by forming an insoluble inert compound with the arsenious acid; but as it unites with difficulty with solid arsenious acid, and this poison is more generally administered or taken in the solid state, lime water can scarcely be regarded as an efficient antidote. The officinal infusions of cinchona bark, of gall nuts, the bark of the pine, pomegranate bark, and the flowers of the myrobolan, which have been recommended by M. Chausarel, are regarded by M. Orfila as of no use, and far inferior in efficacy to tepid water. Bleeding, both generally and locally, by leeches, tepid baths, emollient enemas, with the use of antispasmodics and narcotics, are advised when the inflammation of the stomach has already taken place; and in our opinion, after evacuating the stomach, more reliance is to placed on the lancet than on any other remedy that has yet been suggested.

"It must never be forgotten," our author justly observes, "that the success of the treatment depends, in a great measure, on the regimen observed by the patient during convalescence, which is generally long and troublesome; it ought to consist chiefly of milk, gruel, cream, rice, and demulcent fluids."—p. 186.

The other varieties of the arsenical poisons are very briefly discussed; and we conceive it unnecessary to enter into any examination of them, both because they are very seldom employed as poisons, and the means of ascertaining their presence, and counteracting their effects, in the event of their being given, are precisely the same as those employed for arsenious acid. We cannot however avoid regretting, that our author has not been able to point out any certain antidote for this species of the corrosive poisons.

The third species of this class, *the antimonial poisons*, comprehends several varieties:

"1. Emetic tartar, or the tartrate of antimony and potass.

"2. Oxide of antimony, either prepared by calcination, or by the decomposition of nitric acid, or of the nitrates.

"3. Kermes mineral, and the golden sulphuret, in larger doses than when medicinally prescribed.

"4. The muriate and the sub-muriate of antimony.

"5. Antimonial wine.

"6. The other antimonial preparations.

"7. Antimonial vapours."

In his prefatory remarks on this species of poison, M. Orfila observes, that although the medicinal efficacy of the various preparations of antimony has been fully established by experience, yet their administration requires great circumspection on the part of the physician; "comme toutes les substances données de propriétés énergiques elles peuvent devenir funestes si on en fait un usage inconsidéré."

Having given the chemical history of metallic antimony, our author commences his examination of the varieties of the preparations of this metal, enumerated as poisons, with that of *tartar emetic*. He adopts the analysis of Thenard, which is now generally admitted; and then proceeds to state the effects of re-agents on this triple salt. Sulphuretted hydrogen gas, the solution of this gas in water, (l'eau hydro-sulfurée,) and the hydro-sulphurets precipitate it from its solution in water, of an orange-yellow colour, if employed in a small quantity; but of a deep brownish red, if added in excess. Concentrated sulphuric acid throws down a white precipitate, which is a compound of oxide of antimony retaining a little sulphuric acid; and is re-dissolved in an excess of the acid. It is precipitated white also by the alkalis, lime water, and barytes water. The alkaline and earthy neutral salts do not affect it; but if, as in the case of alum, an excess of acid be present, a precipitate is produced by the acid. The juices of plants, and the vegetable decoctions throw down a reddish-yellow precipitate, which is an oxide of antimony, combined with a portion of vegetable matter.

"The alcoholic infusion of galls is the most sensible re-agent for discovering tartar emetic in solution. It produces an instantaneous, copious, clotted (caillebotté) precipitate, of a white colour, with a slight tinge of yellow. This precipitate contains antimony more or less oxidized: for when it is treated by nitric acid, aided by heat, the acid is decomposed, reduced to the state of nitrous gas, and a white mass remains, in which the presence of oxide of antimony can easily be demonstrated by muriatic acid; a muriate being formed, which is precipitated white by water, and red by the hydrosulphurets."—p. 203.

The infusion of galls readily detects the presence of emetic tartar in red wine, from which the precipitate is a bright violet; but it does not throw down any thing from a solution of this salt in tea, unless the quantity of the tartar emetic be very considerable, when a salt-white precipitate is obtained. The best test for a solution in tea is hydro-sulphuret of ammonia, which produces a red precipitate. Albumen, gelatine, milk, animal broths, and human bile, produce scarcely any effect when added to a solution of tartar emetic; and these substances holding this salt in solution, are affected by the same re-agents as its

simple solution in water. When a mixture of albumen and tartar emetic is heated, the albumen coagulates while the supernatant fluid retains the salt in solution.

In commencing his examination of the action of the tartrate of antimony and potass on the animal œconomy, M. Orfila proposes this question—"Doit-on considérer ce sel comme un poison capable de produire la mort?" and, on the authority of M. Majendie, answers it in the affirmative; for although very large doses of tartar emetic have been occasionally swallowed without proving fatal, yet the safety of the individuals has depended on the rejection of the greater part of the poison by the first efforts of vomiting. The answer of this question suggests the following—"Si l'émetique agit comme poison, comment la mort survient elle, quels sont les organs affectés?" In reply, our author quotes the experiments of the same ingenious experimentalist to show, that the fatal result is not so much the consequence of its direct action on the stomach, as on the mucous membrane of the intestines; and its entering into the course of the circulation, and affecting the texture of the lungs; but we prefer the results of the following case related by Dr. Recamier, and quoted from M. Majendie's work*, in which the body was examined after death, to those obtained by the latter from experimenting on dogs:

"Case IV.

"A man about fifty years of age, of a strong constitution, having suffered some domestic afflictions, and conceived the idea of poisoning himself, procured forty grains of tartar emetic, which he swallowed in a small quantity of fluid on a Saturday morning. Vomiting, frequent stools (superpurgation), and convulsion soon followed; and on Sunday evening he was taken to the Hôtel Dieu.

"On the Monday he complained of violent pains at the epigastrium, which was tense; he could scarcely move the tongue, and appeared altogether like an intoxicated person; he could speak; but his pulse was imperceptible. During the day, the belly was inflated, the epigastrium considerably tumified and much more painful; and in the afternoon he became delirious. On Tuesday all these symptoms increased; the delirium was furious in the evening; convulsions supervened; and he died in the night.

"DISSECTION.

"The limbs were very rigid and half bent; and a white viscid liquid dropped from the mouth on removing the body. The head was inclined to the left side.

"Towards the anterior part of the hemisphere of the brain of the same side, the dura mater was ossified in a circle of about an inch and a half in diameter; the arachnoid membrane was opaque,

* *Mémoire sur l'Emetique,* par M. Magendie.

and thickened where it covers the upper surface of both hemispheres; there was also a uniform redness, and marks of recent inflammation, more apparent on the right side of the portion of this membrane, which cloaths the anterior lobes of the brain. The sinuosities of the convolations were full of serous fluid of a reddish hue, which was collected in greater quantity at the base of the cranium: the cerebral substance was softer than usual; the left ventricle contained four or five spoonsful of a transparent, colourless, serous fluid; and the right, a smaller quantity of the same liquid."

The author inquires in a note, "whether this affection of the arachnoid coat, which was evidently the principal cause of death in this instance, can be attributed to the action of the tartar emetic?" Were we to venture an opinion it would be this, that the cerebral membranes having been decidedly in a previous state of disease, the increased determination to the brain, excited by the severe vomitings, might have produced the appearances observed on the arachnoid tunic, independently of any specific action of the tartar emetic.—But to proceed:

"The lungs were healthy.

"The peritoneum presented generally a brick-like hue, (une teinte briquetée); the stomach and intestines were distended with gases.

"The mucous membrane of the stomach was healthy in the great cul-de-sac, but red, tumefied, and covered with a viscid layer, which was easily separated in all the rest of its extent; that of the duodenum was in the same state. The other intestines presented no particular appearance, except that they did not contain the smallest portion of feculent matter.

"The general symptoms of poisoning by tartar emetic may be reduced to the following: an austere metallic taste; nausea; severe vomiting; frequent hic-cough; cardialgia; a sense of burning heat at the epigastrium; pains of the stomach; twisting colic and copious stools; syncope; the pulse small, hard, and quick; the skin cold, but sometimes intensely hot; respiration difficult; vertigo; insensibility to external objects; very painful cramps in the limbs; prostration of strength; and death.

"Occasionally great difficulty of swallowing may be added to these symptoms; deglutition may be altogether suspended for some time, and the vomitings and alvine evacuations may not take place, which in general increases the severity of the other symptoms."—p. 217, 218.

As in the species already treated of, our author endeavours to illustrate the modes by which poisoning by this salt is to be ascertained, by supposing four different cases:

1. "*L'individu est vivant: on peut se procurer les restes du poison.*" If the portion of the poison procured be in the solid state, or in powder, part of it must be heated in an earthen crucible; when, if it be tartar emetic, an odour resembling

burnt vegetable matter will be exhaled; it will blacken and then resume its white colour; and finally leave metallic antimony in the crucible. For the sake however of greater security, another portion may be dissolved in five times its weight of boiling distilled water, and subjected to the re-agents already described; and this method should be reversed if the poison be found in a fluid form.

2. "*L'individu est vivant; tout le poison a été avalé: on peut se procurer la matière des vomissemens.*" In this case, as the contents of the stomach are seldom such as to decompose the tartar emetic, the vomited matters may be simply strained through a linen cloth, and the fluid tested. But the result may not be satisfactory, or something might have been given as an antidote, and altered the state of the poison. Under this idea, the solid matter vomited should be dried in a porcelain vessel, and calcined in a crucible with an equal weight of a mixture of charcoal and subcarbonate of potass; a few minutes exposure to a red heat, by the production of metallic antimony, will determine at least whether the poison was an antimonial preparation.

3. "*L'individu est vivant; tout le poison a été avalé; on ne peut pas se procurer la matière des vomissemens.*" In this case the symptoms alone must be trusted to, as chemistry affords no assistance.

4. "*L'individu est mort.*" The method to be pursued in this event is the same as has been described in the second case, after the stomach and intestines have been secured in the manner detailed under the head of corrosive sublimate.

With regard to the treatment of a case of poisoning by tartar emetic, two circumstances are required to be attended to; and the practice varied accordingly. In the first, where the poison has produced vomiting, our author considers that little more is required than to administer tepid water to evacuate the stomach completely, unless the vomiting be already too severe, and particularly should the patient be of a nervous temperament, when it ought to be moderated by opium. In the second, when no vomiting has occurred, even although thirty or forty grains of the tartrate may have been swallowed, this action must be excited by the titillation of the fauces, by large draughts of tepid water, or of oil. If, however, no vomiting can be excited in a short space of time, M. Orfila recommends the immediate administration of large doses of the decoction of yellow cinchona bark as an antidote. This medicine was first proposed by Berthollet; and a case which came under the care of Dr. Barbier of Amiens, in which it proved completely successful, although upwards of a scruple of the poison had been taken, is detailed. Luchtmans, in his "*Disputatio-chemico-*

*medica inauguralis de combinatione corticis peruviani cum tartaro emetico**," states, that he took very large doses of this preparation without the smallest inconvenience, when combined with a quantity of the decoction of cinchona, sufficient for completely decomposing the tartrate; a fact which ought to be generally known, both on account of its effects as an antidote, and also with the view of improving the art of prescribing; for we have not unfrequently met with prescriptions, in which this salt, under the form of the vinum antimonii tartarizati, has been ordered in combination with decoction of cinchona; a formula, which to say the least of it, must necessarily disappoint the intention of the prescriber; and the same is the case with the other vegetable astringents. Our author rejects the use of the earths, alkalies, alkaline sulphurets, and sulphuretted hydrogen, as medicines, which are not only inefficacious, but increase the irritation produced by the poison. Bleeding, however, both with leeches and the lancet, he regards as necessary, when there is any constriction of the pharynx, or symptoms of inflammation.

Although we must admit that our author has entered very minutely into the consideration of this poison, yet we must express our surprize that its deleterious effects, when incautiously applied to the exterior of the body, are scarcely noticed. These, it is well known, very much resemble those produced by arsenic under similar circumstances; for not only vomiting, but insensibility, paralysis, and even death, have followed its application to a wound in a concentrated state.

The only other varieties of the antimonial poisons which we conceive necessary to be noticed, are the oxide of antimony, glass of antimony, and muriate or *butter of antimony*. The poisonous properties of oxide of antimony† are so considerable, that two or three grains are sufficient to produce death; but fortunately it is a preparation not so generally known, as to make it an important object of forensic medicine. It is readily recognized from the other antimonial preparations, by the facility of its reduction when exposed to heat in an earthen crucible; its insolubility in nitric acid, and yielding when dissolved in muriatic acid a white precipitate, by the addition of water; and a red by the hydro-sulphurets.

The glass of antimony (*oxidum antimonii cum sulphure vitrificatum* of the Edin. College) acts as a violent poison in

* Trajecti ad Rhenum, 1800, par Luchtmans.

† This is not theoxide of the British pharmacopæias, but a white oxide at the maximum of oxidizement, prepared by exposing metallic antimony to the action of the atmospheric air at a very high temperature, or by heating it with nitric acid.

doses of seven or eight grains; in proof of which M. Orfila quotes Hoffman, who asserts, that he knew several instances of its fatal effects; and a case from the Bibliotheque Medicale, in which it was taken dissolved in wine. When in the solid state, it can be detected by its appearance, and by dissolving it in muriate acid, from which a white submuriate is precipitated by water: when dissolved in wine, metallic antimony is obtained, by evaporating the fluid to dryness in a porcelain cup, and exposing the mass mixed with charcoal to a red heat in an earthen crucible.

When butter of antimony is mixed with potass and charcoal, and calcined, carbonic acid is given out, and muriate of potass and metallic antimony obtained.

Our author proposes no particular mode of treatment in cases of poisoning by these preparations.

The next species of *corrosive* poisons according to our author's arrangement, is the cupreous, of which he enumerates ten varieties.

"1. Brown oxide of copper.
"2. Verdigris.
"3. Acetate of copper, crystals of Venus.
"4. Sulphate of copper.
"5. Ammoniacal sulphate of copper.
"6. Nitrate of copper.
"7. Muriate of copper.
"8. Ammoniacal copper.
"9. Cupreous wine and vinegar.
"10. Cupreous soaps, or copper dissolved in fatty matters."

Although this species of poison, our author justly observes, be scarcely ever employed as the means of self-destruction, yet, from none has more accidental fatality proceeded; which may be attributed to the early and extensive use of copper in the formation of cooking utensils, the great facility with which the metal is oxidized, and its consequent frequent administration, from negligence in not cleaning the copper vessels in which food has been cooked, and on which the oxide has formed. The records of forensic medicine therefore present numerous instances of poisoning by the salts of copper.

It is unnecessary for us to follow our author through the chemical history of copper. With regard to its deleterious effects, there is ample evidence of its innocuousness when taken into the stomach in a metallic state*. Milk, tea, coffee, beer,

* An instance has come under our observation, in which a copper coin, a new halfpenny, was retained six months in the intestines of a boy, by whom it was swallowed, and was then evacuated with-

rain and distilled water, with many similar substances, have been boiled for the space of two hours in clean copper vessels, without affording the smallest trace of any of the metal having been taken up; but Eller has proved that if water containing $\frac{1}{20}$ of its weight of muriate of soda (common salt), be boiled in a copper vessel, a powder is obtained from the evaporated water, which is an oxide of copper, as it produces an acetate of copper when dissolved in vinegar. It is nevertheless true and very remarkable, that if beef, lard, or fish, be boiled with water holding in solution the same proportion of muriate of soda, no cupreous particles are found in the fluid when evaporated. This fact, says our author, "M. Eller l'a annoncé le premier, et je l'ai constaté plusieurs fois."

The first of the varieties enumerated, *the brown oxide of copper*, and *the carbonate of copper* (vert-de-gris naturel), are found on the surfaces of copper vessels; and being dissolved by acidulous food prepared in such vessels, must necessarily prove deleterious; which is also the case when food, particularly if it contain fat or oil, is prepared in clean copper vessels and left in them for some time; the copper in contact with the surface of the fluid, being oxidized by the air of the atmosphere. Eller has ascertained that wine dissolves copper, and therefore should not be kept in copper vessels.

"Il a obtenu 21 grains d'acetate de cuivre après avoir fait bouiller, dans un vase de ce metal, 5 livres de vin blanc de France." —p. 250.

It is to the oxide of copper also, formed by the acetic acid contained in wine and fermented liquors, that the acetate found encrusting the copper cocks fixed in fermenting tuns, is to be attributed. Fatal cases have even occurred from the administration of the mildest medicines which have been prepared, and allowed to remain some time in copper vessels.

Oxide of copper is recognized by its easy reduction at an elevated temperature when united with charcoal or fat; its solubility in weak sulphuric acid without effervescence; by the blue colour which it immediately imparts to ammonia; and by its insolubility in water. The carbonate is distinguished by its green colour; and its disengaging carbonic acid gas, and consequently effervescing when dissolved in weak sulphuric acid.

*Verdigris*, the Ærugo of the shops, the most important variety of this species, is very fully treated of, both as regards the chemical history of the preparation, and its effects on the

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out having in the smallest degree impaired the health, although the impressions were nearly effaced, and the metal much corroded.

animal œconomy. According to our author, it is a compound of acetate and subacetate of copper, carbonate of copper, and copper partly in a metallic, partly in an oxidized state. The appearance of verdigris is well known. When submitted to the action of boiling water, the solution contains the acetate of copper, while the other parts remain as an insoluble residue. The acetate in this solution may be decomposed, and metallic copper precipitated, either by a piece of polished iron, or of phosphorus. We will transcribe our author's description and explanation of this effect of phosphorus.

"A small cylinder of phosphorus, placed in this solution, is covered, in the course of a few minutes, with a coat of metallic copper, and the liquid loses its colour, if a sufficient quantity of phosphorus be employed. *Theory.*—This combustible body, owing to its strong affinity for oxygen, separates it from the oxide of the acetate in solution, passing into colourless phosphorous and phosphoric acid; the metallic copper, therefore, unable to remain longer united with the acetic acid, is precipitated, in an extremely divided state, upon the cylinder of phosphorus."—p. 254.

The other mineral re-agents do not require to be noticed by us.

The infusion of tea throws down a floculent precipitate, of a reddish-yellow colour. With regard to wine, M. Orfila makes the following remarks:

"If one part of a concentrated solution of verdigris be added to ten parts of red wine, the liquor retains its transparency. It is precipitated black by the hydro-sulphurets, of a chesnut-brown hue by prussiate of potass, and a very deep grey by ammonia: this last precipitate is not completely dissolved by an excess of the alkali, and the supernatant fluid is never blue. Seven parts of the solution of verdigris to ten of wine, gives a liquid which is affected by the re-agents enumerated, in a similar manner, with the exception of ammonia, which precipitates it of a black colour. From this result we may conclude that this alkali cannot be employed as a test for demonstrating the presence of verdigris in wine."—p. 256.

Gelatine and animal broths remain unaltered by the addition of a solution of verdigris; and its presence in these vehicles is detectedby the same re-agents required for the simple solution. Albumen precipitates it of a blueish colour; and when the solution is added, in any considerable quantity, to milk, a coagulum is formed, which, when well washed, is of a deep green colour. Both the precipitate and the coagulum, calcined in a crucible, yield metallic copper mixed with animal charcoal.

In the examination of the action of verdigris on the animal

œconomy, M. Orfila pursues the same plan adopted by him in that of the principal varieties of the preceding species; and, after stating the sudden and mortal effects of it as a poison, he repeats the question—"Quelle est le cause de cette mort, sur quels organes ce poison exerce-t-il son action délétère?" In answer, our author details some experiments of M. Drouard upon dogs; but differs from the conclusions drawn by that physiologist, who was of opinion that verdigris acts chiefly upon the alimentary canal, and that the fatality results from the inflammation of that organ, independent of any absorption into the circulating mass of fluids. From some other experiments, however, of M. Drouard, confirmed by two made by himself, in which a solution of verdigris, injected into the jugular vein of dogs, produced death; and from observing that in the same kind of animals, destroyed by acetate of copper, a series of nervous symptoms are manifested, such as convulsions, tetanus, general insensibility, and paralysis of the posterior extremities; that death is produced almost instantaneously, whether the poison be taken into the stomach, or injected into the veins; and that the membranes of the stomach are scarcely altered (sont a peine altérées), M. Orfila concludes that absorption of the salt takes place, that it is carried through the circulation, and produces death by acting on the nervous system. In this opinion of our author we certainly cannot accord; and are surprised that, after admitting the probability of Mr. Brodie's theory, that corrosive sublimate exerts upon the stomach a corrosive action, which is propagated by sympathy to the heart and brain, and that death is the consequence of the suspended functions of these two vital organs, without any part of the poison being absorbed and carried into the course of the circulation, he should hesitate to extend the same reasoning in explanation of the fatal effects of verdigris.

To illustrate the symptoms of poisoning by verdigris, nine cases are detailed, none of which, however, came under the observation of our author: we will extract the last.

"Case ix.

"The child of a painter died in consequence of having swallowed a solution of verdigris. On opening the body, the stomach was found inflamed, and its coats much thickened, particularly towards the pylorus, the orifice of which was nearly obliterated; the small intestines were inflamed through their whole extent, gangrenous in some places, and even pierced at one spot, so that the green liquid which they contained had escaped into the cavity of the lower belly. The large intestines were prodigiously distended in some places, and contracted in others; but the rectum was ulcerated over all its internal surface, and pierced in many places.

"The symptoms of poisoning by verdigris may be reduced to the following:

"The taste, acrid, styptic, coppery; the tongue, dry and parched; a sense of strangulation in the throat; coppery eructations, continual spitting, nausea, severe vomiting, or fruitless efforts to vomit; a sensation of pulling of the stomach, which is often very painful; dreadful colic; very frequent, sometimes bloody and black stools, with tenesmus; debility; the abdomen blown up and painful; the pulse small, irregular, hard, and quick; syncope, the heat natural, thirst ardent; respiration difficult, precordial anxiety, cold sweats, scanty urine; violent cephalalgia, vertigo, prostration of strength in the joints, cramps, convulsions, and death."—p. 273.

These symptoms never all appear in the same individual; but the colic and vomitings are almost always present. When gangrene takes place, it is announced by the sudden cessation of pain, and other symptoms that usually occur when it attacks the bowels. The case we have extracted shews the nature of the injury, or lesion of texture produced by verdigris.

In the first of the four cases, put by our author to ascertain the nature of the poison that has been employed, "*L'Individu est vivant; on peut agir sur le restes du poison,*" if the substance be solid, its blueish colour will lead to the suspicion of its nature; but this should be confirmed by calcination, and observing whether any particles of copper be formed; by pouring on another portion of it some concentrated sulphuric acid, and noting whether vapours of acetic acid, sensible to the smell, be disengaged; and by submitting a solution of it in distilled water to the tests before enumerated. If the poison be found in a state of solution, this, after being tested by the proper reagents, should be evaporated to dryness, and the mass calcined with charcoal and potass; and, in the event of its being mixed with wine, broth, fatty matters, or any thing that can alter the ordinary results of the reagents, calcination, and the obtaining metallic copper, should only be depended upon.

In the second case, "*L'Individu est vivant; tout le poison a été avalé; on peut agir sur la matière des vomissemens.*" No importance is to be attached to the colour of the vomited matters; because this varies according to the nature of the contents of the stomach; and from poisoning by nitric acid, and even in some diseases of the stomach, matters are vomited closely resembling solutions of verdigris in colour. The fluid part therefore must be submitted to the proper tests, while the solid matters should be calcined; but it may happen that the quantity of copper reduced is too small to be perceptible amidst the charcoal: some diluted nitric acid must, in this case, be poured on the products of the calcination, when, if copper be present, a solution of blue nitrate will be formed, which may be separated by filtration, and tested.

Chemistry affords us no assistance in the third case; "*L'Individu est vivant; tout le poison a été avalé; on ne peut pas se procurer la matière des vomissemens.*"

In the fourth, "*L'Individu est mort,*" the same process is required in examining the contents of the stomach, as in the second case. But as the whole of the poison may have been expelled during the life of the individual, we must particularly note the lesion of texture; and after carefully separating, dry and calcine the mucous membrane of the stomach and intestines, particularly if it be of a blueish colour, hard and adhering.

"J'ai obtenu," says our author, "deux fois du cuivre metallic en calcinant ainsi un portion des membranes de l'estomac de deux chiens que j'avais empoisonnés avec du vert-de-gris."—p. 281.

In commencing his account of the treatment of poisoning by verdigris, M. Orfila puts his usual query, "existe-t-il quelque contre-poison du vert-de-gris?"—p. 281.

Navier had stated that the hydro-sulphurets, potass, lime, and iron, by decomposing and converting verdigris into an insoluble sulphuret of copper, might be regarded as counter poisons; but the experiments of M. Drouard, and of our author on dogs, proved that these sulphurets are as deleterious as verdigris itself, the animals having died in a short time after swallowing them. The infusion of galls, recommended by M. Chausarel, is not more efficacious; and M. Orfila is of opinion, that *sugar* alone can be regarded as specific against this poison, a fact which has been amply verified by the numerous facts recorded by M. Marcelin Duval, who first proposed it as a counter-poison for cupreous poison; and by M. Orfila's own experiments. Several cases are given from Duval's work, the most interesting of which is the following.

"D——, a marine artilleryman, had committed some fault which led him to prefer suicide to the military punishment that awaited him. On the 5th of Ventose an 12, a quarter of an hour after twelve o'clock, noon, he swallowed at one draught an ounce and a half of verdigris in four ounces of water. Some moments afterwards, he felt a sharp tearing pain at the epigastrium. He was much agitated, and obstinately refused every assistance. His officers ordered him to be taken to the principal hospital. Delirium, fainting, and convulsions came on; the trunk and extremities were paralysed; the jaws were locked; every symptom threatened immediate destruction. M. Duret made him swallow a glassful of sugared water. Vomiting followed; and the matters ejected were saturated with verdigris. The same drink was continued, but under the form of syrup, in order not to overcharge the stomach. An hour had scarcely elapsed, before the scene was altogether changed; and the spectators, who had despaired of this young man, saw the most alarming symptoms gradually disappear. Three hours afterwards he complained of great thirst, a painful difficulty of deglutition, and colic; the pulse was free. The same drink was continued through the night. Next day, symptoms of acute fever presented themselves;

the pulse was frequent and hard; with painful tension of the abdomen, and obstinate costiveness. The same remedy, with the emollient glysters, were prescribed. On the following day there was slight swelling of the belly, cephalalgia, pharyngeal cynanche, hardness of the pulse, and heat of skin. Bleeding was ordered, in addition to the former prescriptions. On the third, all the unfavourable symptoms yielded. There was a general relaxation of the habit, with perspiration, and copious stools and urine. The convalescence was short, and terminated happily."—p. 284.

M. Orfila wishing to ascertain whether the advantages obtained from the employment of sugar and water were to be ascribed to the sugar, or the fluid which holds it in solution, made several experiments on dogs, four of which are detailed. We will give the conclusions he drew in his own words.

"Il est evident que dans toutes les experiences que je veins de rapporter, le sucre solide a empèché la mort des animaux qui ont pris du vert-de-gris, puisque 10 à 12 grains de cette substance suffisent pour les faire périr."—p. 287.

These results were confirmed by the following case, in which the effects of solid sugar, as an antidote, are very conspicuous.

"M. P—— was attacked, without any evident cause, with excruciating colic, coppery eructations, and vomiting of greenish matter. Conceiving that he had been poisoned by verdigris, he swallowed half a pound of solid sugar. All the symptoms disappeared, as if by enchantment. A careful examination of the culinary utensils which had been used, soon rendered it evident that the accident had been occasioned by his having eaten some eggs prepared with melted butter, and allowed to cool in a copper vessel covered with verdigris."—p. 287.

Our author instituted several experiments, which led him to conclude that a chemical action is exerted by sugar on verdigris, out of the body; but what the nature of this is, or of the new body, he was unable to determine. The fact, however, of its virtue as an antidote, is sufficient to justify him in recommending its immediate administration in every case of poisoning by verdigris, to which a practitioner may be called in proper time. But if visceral inflammation has already taken place, leeches, the lancet, warm baths, fomentations, emollient glysters, and mucilaginous fluids, must also be employed; while the different nervous symptoms, such as spasm and convulsions, may be relieved by narcotics and antispasmodics.

It is unnecessary for us to follow our author through his account of the remaining cupreous poisons. Several of the varieties are not at all likely to be intentionally employed as poisons; and still less likely are they to be accidentally conveyed into

the stomach; while for the others no particular plan of treatment, different from that already detailed, is recommended.

The minuteness with which we have pursued our analysis of M. Orfila's work, must have, ere this, convinced our readers of the very high opinion we entertain of its merits. It is our intention to pass through the remaining portion of the work in the same manner; and, we conceive, by doing so, we shall not only receive the thanks of our professional brethren, but, by diffusing the knowledge of facts of such general importance, be entitled to those of the community.

*(To be continued.)*

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*A Practical Treatise on Porrigo or Scalded Head, and on Impetigo, the Humid or Running Tetter; with Coloured Engravings illustrative of the Diseases.* By the late ROBERT WILLAN, M.D. F.R.S. and F.A.S. Edited by ASHBY SMITH, Member of the Royal College of Surgeons in London, 4to. pp. 48, Five Plates, London, 1814.

THE obligations due, by the professors of the healing art, to the learned author of the Treatise before us, for his lucid arrangement of a class of diseases which he found involved in the greatest confusion, have been amply acknowledged. To a habit of reflecting long on a subject before arranging his ideas in a form fit for publication, and a natural indolence of disposition, we may perhaps attribute the non-completion of the great work on cutaneous diseases begun by the late Dr. Willan; and although the void has been filled up, at least in a practical point of view, by one well qualified for the task*; yet we cannot but lament that he did not live to finish what he had so happily commenced. That this can ever be effected from the notes of the author we have no reason to expect; for in the preface of the present Treatise, the editor informs us, that "on the subject of cutaneous diseases, strictly speaking, he left nothing, with the exception of the present Treatise, in a state to meet the public eye."—p. vii.

Small as this Treatise is, however, and anticipated as it has been, to a certain degree by itself, in the Synopsis of Bateman, yet its intrinsic value is very great, independent of the veneration which it commands as the valedictory offering of a man, whose memory the profession must ever cherish in grateful remembrance.

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* Dr. Bateman—*Practical Synopsis of Cutaneous Diseases.*

It contains two genera only, of the order PUSTULÆ, *Porrigo* and *Impetigo*. In the commencement of the description of the first of these, accurate definitions of the terms Achores and Favi are given; which do not differ from those in Dr. Bateman's work, except that the scab which succeeds the achor, is said by that writer to be "a thin *brown* or yellowish scab;" whereas our author states it to be "*dull white*, or yellowish."

The genus Porrigo* comprehends six species; or, as our author improperly denominates them, varieties: Porrigo *larvalis*, P. *furfurosa*, P. *lupinosa*, P. *scutulata*, P. *decalvans*, and P. *favosa*. We will extract the description of each, and state generally the remedies recommended for their removal.

"The Porrigo *Larvalis* generally appears first on the forehead, in minute pustules, with a whitish point, set close together, and producing a redness and inequality of the surface, attended with considerable itching. The pustules break in a few days, and discharge a clear, viscid humour, which gradually concretes into thin yellowish scabs. From beneath these a discharge of fluid takes place, from time to time, and forms additional layers of scab, of a brown or blackish colour, till the forehead is completely incrusted. The scabs are in some places thick and rounded, though not very compact; in others, thin or laminated, and loose at the edges. They do not separate at regular periods: if any of them be detached, the surface is presently covered by a new incrustation. The scab is alternately dry and humid. Sometimes, from a fresh eruption of the pustules, or from other circumstances, the discharge becomes on a sudden so profuse that all the surface is laid bare, and remains for several days in a state of ulceration, emitting a thin, viscid, and acrimonious fluid from innumerable pores. Very young infants are most liable to be thus affected, and they suffer extremely from pain, itching, and irritation, when the complaint is extensive. On the cessation of the discharge, brown or blackish scabs gradually form again, and cover the ulcerated part. When the disease is about to terminate, the scab becomes dry, and sometimes whitish, and at length falls off, leaving a red, shining cuticle; indented with deep lines, and very brittle,—hence it cracks and exfoliates, and is renewed perhaps three or four times before it acquires the usual colour and texture."—p. 4, 5.

Besides the forehead, the hairy scalp, the cheeks, chin, temples, are occasionally the parts first attacked; and the disease spreads to the neck and breast. The face is often so completely covered as to have the appearance of a vizor; whence the name *larvalis*. The fluid which oozes from under the scabs, has an odour not unlike that of the urine of a cat; a smell, which the

* This word appears to be derived from *porrum*, the odour of the scab and the exudation in the disease, having been compared to that of a leek.

urine of the patient is said to acquire as the disease subsides. The continuation of this species is from three to eighteen months; no cicatrices are left by the scabs; and, except in young infants, in whom glandular swellings, tumid abdomen, hectic, and incessant diarrhœa are apt to supervene, it rarely proves fatal.

Our author recommends tepid ablutions, particularly a strained decoction of bran, with the zinc ointment, to be used in the commencement of this eruption. Internally, moderate doses of calomel may be given three or four times a week; combined, when any mesenteric affection is apparent, with carbonate of soda and testaceous powder; or instead of calomel, hydrarg. oxydum ciner. or hydrarg. cum creta, may be substituted; and in cases where mercurials are not indicated, sulphur præcipitatum, combined with alkalies or testaceous powders. When the scabs begin to separate, an ointment, composed of equal parts of the ung. plumbi superacetatis, ung. ceræ, and ung. hydrarg. nit. may be applied; and cinchona, if there be no internal disease, contra-indicating its exhibition, will be beneficial.

2. Porrigo *furfurosa*, (furfurans of Bateman,) the second species, is described by our author with much less perspicuity than the former. It chiefly affects adults; is pustular at first; but the humour exuded, soon forms scabs, which become dry, powdery, easily separated, and quickly re-produced.

"This complaint is attended with great itching, and tenderness of the scalp. Exquisite pain is usually produced if either the tops of the small pustules, or portions of the incrustation, be detached by scratching or combing the head. Women are more especially liable to the Porrigo furfurosa, by which their hair is weakened, thinned, and sometimes altered in colour. In this respect, the complaint differs from Pityriasis, or any scaliness of the scalp connected with the Lepra and Psoriasis, which is always superficial, and does not detach the hairs, or alter their colour. The Porrigo furfurosa therefore requires a more strict attention than the Dandriff. It is easily distinguished by the pustular eruptions at its commencement, and by the slight ulcerations which take place afterwards, by the occasional moistness of the scab, and by the frequent appearance of glandular swellings."

From the removal of this species, the hair must be shaven, and "the scabs gently removed by washing with warm water and fine soap." On the authority of Dr. James Hamilton of Edinburgh, an ointment, composed of one part of the powdered berry of Cocculus *indicus*, and three of lard, is the application chiefly recommended. An oil-skin cap should be worn, both for keeping the dressings moist, and retaining them in contact with the scalp.

"The Porrigo *Lupinosa*, has been so denominated, because the appearance of it, in one stage, was thought to resemble that of dry

Lupine seeds. Small separate clusters of anchores are first formed on different parts, which presently break and form dry yellowish or white scabs. These within a fortnight gradually increase to the size of a sixpence, when they have a raised border, but are depressed towards the centre, and furrowed. There is often an intervening white incrustation, which nearly covers the scalp, and when dried, separates and falls off in small white laminæ. If the complaint be neglected, the occipital and submaxillary glands enlarge, and often suppurate, and the accumulating scab forms, with the hair, into a hard, elevated mass, sometimes resembling a bird's nest, or sometimes a pressed honeycomb. A similar thick incrustation is formod in the Porrigo larvalis, affecting infants among the poor, when little attention is paid to neatness and cleanliness."

This species is of long duration; and appears on the arms, neck, and thighs, as well as the scalp. After removing the hair, frequent ablutions, either with warm soap and water, or a lotion of diluted muriatic acid, when the crusts are hard, with the use of the ung. cocculi indici, will be found useful; but when the skin is harsh and dry, the ung. picis is preferable. Our author says, antimonials, Plummer's pill, sulphur, and decoction of sarsaparilla, have been prescribed by him "with very small advantage;" and he recommends cleanliness, good diet, and exercise, as the best means of producing a favourable change in the constitution in this complaint.

The fourth species, Porrigo *scutulata*, generally called ringworm of the head, the most important, because the most unmanageable of the genus, is characterized by distinct circular blotches on the scalp, neck, and forehead.

"These, at first, consist of distinct straw-coloured pustules, which presently break, and form separate rounded scabs. After their removal, the surface appears red, shining, and slightly papulated. In a week or two, there is usually a fresh eruption of pustules on the same places; the circular areas then increase, and the succeeding scabs are more thick and diffuse. The blotches thus continue enlarging. During their extension, the hairs within the circles appear of a light colour, and they sometimes break off about an inch from the scalp. Several of the bulbs are destroyed by the repeated eruption, ulceration, and scabbing. If the complaint be neglected in this stage, the circular blotches become confluent, and all the hair within them is finally extirpated. As soon as this is completed, the scalp, though partially much denuded, re-assumes its natural colour and appearance. A border of hair round the head is usually left uninjured. While the circular areas remain smooth, inflamed, and shining, an early termination of the disease is not to be expected. The redness, in many cases, interchanges with dandriff or scurf, but without affording a more favourable prognostic."

This species is extremely contagious, and therefore rapidly spreads in schools. It has been supposed, that the disease was imported from the East or West Indies, by the children an

nually sent home; but this opinion is successfully combated by Dr. Willan. The treatment recommended is, shaving the scalp every week, sponging it twice a day with warm water, or some mild fomentations, and applying according to the degree of inflammation and the difference of appearances.

"Ointments prepared with the Cocculus Indicus, tobacco, or opium, the ceratum Lithargyri acetati, unguentum Zinci, ung. Hydrargyri nitrico-oxydi, ung. Hydrarg. nitratis, ung. Hydrag. submuriatis, ung. Hydrarg. præcipitat. albi, ung. Sulphuris, ung. Picis, ung. Elemi, ung. Hellebori Albi, a slight solution of the Oxymurias Hydrargyri in proof spirit, and of the sulphates of Copper and Zinc in water."—p. 21.

We conceive the latter part of this paragraph to be of the first importance: and the variable effects of remedies, however high their reputation, should be impressed on the mind of every parent, by the practitioner under whose care a child may be placed. Our author had little confidence in blisters; and he condemns the use of depilatories. As no notice is taken of the exhibition of internal medicines in this species, we think it proper to observe, that in our own practice we have found moderate doses of antimonii sulphuretum præcipitatum given at bed-time, with liquor potassæ taken in milk during the day, even when the patient is otherwise in the best health, shorten very much the duration of the disease. In debilitated subjects, we have generally added a drop or two of the arsenical solution to each dose of the solution of potass.

5. Porrigo *decalvans*.—This species is characterized by the sudden appearance of circular bald patches, smooth, shining, and perfectly free from inflammation or discoloration, on the hairy scalp. Our author doubts whether any pustules precede these. It sometimes appears in schools, in which Porrigo *scutulata* prevails; and perhaps proceeds from the same contagion. The hair, which re-appears on these patches after several weeks, if the disease be neglected, differs from the rest in colour and texture; being grey in adults above forty, and light-brown and slender in children.

"These alterations may in general be prevented, by repeatedly shaving the whole scalp, and by applying warm liniments. I have used Naphtha, and oil of tar, also slight tinctures of the oil of mace, of camphor, and tobacco."—p. 23.

The sixth species, Porrigo *favosa*, is, as the name implies, an eruption of favi, or large soft pustules, which are succeeded by yellow, cellular, or honey-comb-like scabs. It affects various parts of the body; and varies a little in its appearance according to the part affected; which led our author to divide it into three varieties, and describe it separately, as it affects the scalp, the face, and the trunk of the body; a degree of refinement perfectly useless in a practical point of view.

"On the scalp, the pustules are large, soft, whitish, itching, and slightly inflamed at the base. At first they are distinct, and partially distributed, as on the side of the head, or about the occiput. When broken, they discharge a thick, viscid matter, which gradually concretes into irregular brown, or yellowish, semi-transparent scabs. The ulcerations gradually extend with a constant and copious discharge, by which the scabs are kept moist, and the hairs are matted together. Under these circumstances, Pediculi, which are bred in great numbers, produce an incessant irritation, and contribute to aggravate the disease, and to excite fresh pustules. The eruption finally covers the whole scalp; the pustules, in some places, remaining distinct, in others becoming confluent, so far as to form irregular, ulcerated blotches. From these, when the coverings or dressings of the head are removed, a sour, rancid vapour is exhaled, which affects very disagreeably, both the eyes, and the organs of smell and taste, in persons who examine, or dress the patient.

"In many cases there are among the pustules, small, red smooth tumours, which desquamate at the top, and very gradually proceed to suppuration in the same manner as scrophulous tubercles do on the arms, &c. Sometimes, large abscesses form near the vertex, or at the occiput, probably originating in lymphatic glands situated there. As soon as they are broken, and begin to discharge freely, the pustular eruption, and small ulcers on the other parts of the scalp, disappear."—p. 23—25.

When the eruption attacks the face, the pustules generally appear first at the angles of the mouth, in irregular clusters; become confluent when broken, and discharge a clear viscid matter, which concretes into a yellowish scab. The discharge is so acrid as to inflame the other parts on which it runs, producing fresh pustules; and the disease is thus communicated even to a nurse's arms. This variety generally attacks children from one to five years old; but adults are occasionally affected. In the former, it is accompanied with discharges behind or from within the ear; enlargement of the upper lip, and swelling, sometimes ulceration of the cervical glands; with ophthalmia, "or obstinate ulcerations of the ciliary glands."

The same character of eruption occurs, when the rest of the body is affected; scarcely a part of which is left free in some cases, while the inguinal and axillary glands become enlarged, and occasionally suppurate. The disease sometimes appears evidently to be connected with teething, as it disappears on lancing the gums, and the consequent protrusion of three or four teeth. Mothers and nurses sometimes break out in the same manner as the children at their breasts; but whether by accident or from contagion, our author hesitates in giving an opinion.

Dr. Willan was puzzled for some time how to treat this loathsome eruption; but afterwards succeeded in settling a plan of treatment.

"It has always," says he, "been benefited for a while by washing the parts with two drams of the aqua Kali puri in a pint of water, which I would always recommend, tho' it will not alone effect a cure. Various internal remedies also, which remove other eruptions, have generally failed in this, such as the Hydrargyrus cum cretâ, and Hydrargyrus cum sulphure, given in large doses, as also the Sium Aquaticum. The external application, however, of an ointment, consisting of the unguentum Sulphuris, and unguentum Hydrargyri nitrati, with a greater or less proportion of the latter, has hitherto never failed me, together with the internal exhibition of one or other of the forementioned remedies.' Vol. i. p. 104—6."—p. 31.

On turning to vol. i. we find the reference should have been to p. 94, 5, under Prurigo *podicis.* The internal remedies there mentioned, are Plummer's pill, decoction of cinchona, and chalybeates; with a light nutritious diet, very little wine, and a total abstinence from spirituous liquors. Our own experience has led us to place much reliance on the red sulphuret of mercury (hydrargyri sulphuretum rubrum), combined for infants at the breast with testaceous powders.

The second genus treated of, IMPETIGO, *the humid or running tetter*, is an eruption of minute irregularly circumscribed pustules, named Psydracia, which produce "but a slight elevation of the cuticle," and terminate "in a laminated scab. They are usually confluent, contain pus when mature;" and, after breaking, discharge a thin watery humour. They however occasionally vary both in size and aspect; a few resemble vesicles, and instead of pus, contain a semitransparent fluid. "The Impetigo is neither contagious nor communicable by inoculation."

This genus comprehends five species, Impetigo *sparsa*, I. *figurata*, I. *erysipelatodes*, I. *scabida*, and I. *rodens*.

The first species, IMPETIGO *sparsa*, affects both the upper and the lower extremities, the neck and shoulders. It is preceded by head-ache, pains of the stomach and limbs, and other constitutional disorders. The pustules, as the name implies, are distant from each other; soon break, and discharge a thin humour, which concretes into yellowish laminated scabs.

"The cuticle, as far as the eruption extends, becomes reddish, rough, or scaly; and a slight discharge from rhagades or chaps in various places, as well as from beneath the thin scabs, continues through the complaint; the duration of which, in the upper extremities, is seldom more than two or three weeks. When the lower extremities are affected with this eruption, it continues a long time. Small yellow pustules first appear on the instep, and then on the ancle and leg, with a violent itching. They are most numerous on the foot and ancle, and when they are broken, a considerable quantity of humour issues from small pores, around which the cuticle is rough, reddish, shining, and a little elevated."—p. 36.

If the eruption be on the lower extremities, often, when it appears almost gone, fresh crops of the pustules break out; and after similar repetitions, ulceration supervenes; if on the upper extremities, the pustules are frequently mixed with small irregular vesicles. The disease generally appears in autumn, and passes through the succeeding winter. Children, but more frequently adults and persons of an advanced age, are the subjects of this eruption; "a predisposition" to which, our author asserts, "is communicated hereditarily."

The second species, Impetigo *figurata*, is characterized by slightly elevated, circumscribed, irregular blotches of Psydracia; which, on the upper extremities, are round and angular, small, distant from each other, and generally situated on the thumb, fore-finger, back of the hand, wrist, and arm below the elbow; but on the lower they are large and oval, occupying the instep, leg, and outside of the thigh.

"Every blotch is at first formed by a cluster of Psydracia set close together, and filled with yellow matter. After some days, the pustules break, and a considerable quantity of thin, irritating humour, is discharged from minute orifices. By the concretion of this fluid, the surface of the blotch is at length covered with a yellowish scab, often intersected by painful fissures, from which, as well as from beneath the scabs, a little moisture continues to exude. In two or three weeks, the discharge ceases, and the scabs gradually dry and fall off; but the succeeding cuticle is red, harsh, and elevated. Excoriation is easily produced in this state of the skin, so that the ichorous discharge, and scabbing, frequently recommence, and by such interchanges the disorder is protracted for several months."—p. 39.

The constitutional affections which precede the eruption in this species, resemble those of the former. Its usual period of attack is spring, and its duration several months; "usually returning every year about the same time, though not always in the same degree."

3. Impetigo *erysipelatodes* is usually seated on the face, and resembles Erysipelas phlegmonodes, except in the eruption of pysdracia instead of bullæ; and the slight constitutional disorder with which it is attended. The eruption appears first on the cheek, whence it extends over the face, and sometimes to the neck and breast; the pustules breaking, discharging an ichorous fluid, and running a course similar to those in the other species. The continuous parts are tumefied, red, hot, and tingling.

The description of the fourth species, Impetigo *scabida*, is extremely perspicuous.

"At the commencement of this disease, numerous Psydracia are diffused over the arms and legs. The eruption, in the upper

extremities, extends round the fleshy part of the fore-arm, and sometimes along the back of the hand, to the fingers. New pustules arise daily, but soon break, discharging a thin, acrimonious humour, till nearly the whole surface is ulcerated. At the end of a month, the discharge abates, and all the arm, from the elbow to the wrist, is invested with a thick, rugged, yellowish-brown scab. When this appearance has continued for some time, extensive fissures are usually formed, and from them a watery fluid exudes, which, by its concretion, produces additional layers of scab. The disorder is constantly attended with a disagreeable sensation of heat, and itching; also with pain and stiffness in the motion of the arms. If any portion of the scab fall off, or should be forcibly detached, the surface presently ulcerates again, and the breach is filled up by the discharge concreting into new scabs. When the pustules are numerous on the hand, the fingers become incrusted and rigid, and the nails gradually separate: those which succeed, are thick, uneven, or notched, and often incurvated."—p. 43, 44.

On the lower extremities, the same appearances take place; the limb becomes anasarcous, and deep inveterate ulcers are often formed, "especially about the ancles."

Impetigo *rodens*, the fifth species, and the most inveterate and unmanageable, is fortunately of rare occurrence. It generally begins its attack on the side near the breast; over which it extends, spreading in some cases below the axilla to the spine; and in others, over the shoulder down the back. The pustules are large, in irregular clusters, often intermixed with vesicles; and on breaking discharge from open pores, or beneath laminated scabs, of very acrid humour, "which, without destroying the skin, deeply injures the cellular texture of the part affected."

From one observation of Dr. Willan, this species appears connected with a cancerous predisposition. No attempts to cure it have hitherto proved successful; but large doses of opium allay the violent irritation excited by the inflammation and the acrimonious discharge.

With regard to the treatment of Impetigo; the first species I. *sparsa*, is removed in a few weeks by tepid ablutions, with the internal use of sulphur, or its preparations; and its returns seem to be prevented by sea bathing, and the Harrowgate waters.

"When the papulæ and their interstices are livid, much advantage may be derived from Peruvian bark and muriatic acid."—p. 46.

In I. *figurata*, our author recommends Plummer's pill and the decoction of elm bark, or of sarsaparilla, with the external application of ung. zinci, and ceratum lithargyri acetati comp. In our own practice this species has frequently resisted every remedy, except small doses of the solution of corrosive subli-

mate, given in large doses of the decoction of cinchona bark. The species, I. *erysipelatodes*, requires in the commencement only "two or three gentle purgatives, and afterwards the Peruvian bark in powder, or a strong decoction of it with sarsaparilla." The scabs in I. *scabida* must be first removed by exposing the limb to the action of hot steam, "some minutes every day;" after which, ung. zinci, or ung. hydrargyri nitrati, lowered by the addition of three parts of ung. ceræ, may be applied, and the limb covered with oiled silk. Plummer's pill, with decoction of elm bark, and dulcamara, may be given; but Harrowgate water is the best internal remedy.

The plates, which represent four of the species of Porrigo, and the same number of Impetigo, are neatly executed; but we must regret, that the art of colouring engravings is still so far from the truth of nature.

Such is this posthumous fragment of the labours of the justly celebrated Willan. To the editor, the profession is certainly indebted for its publication; and he has merited a still higher praise, now seldom awarded to editors of posthumous works, for the tender reserve he has displayed, in bringing to the light that part only of his friend's writings on this subject which had received from his hand the finishing touch; while the fashion of the day would have authorized the huddling together every scrap and note that could have assisted in making up a handsome and costly volume. We trust that this custom, which has so often unblushingly and wickedly raked up the ashes of literary Genius from their dread repose, will never be intruded within the pale of philosophy, to lower the venerable dignity of port she has so long preserved, by exposing the unguarded triflings and unfinished labours of her departed votaries.

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## IV.

*A Synopsis of the various Kinds of Difficult Parturition, with Practical Remarks on the Management of Labours.* By SAMUEL MERRIMAN, M. D. Teacher of Midwifery, and Physician-Accoucheur to the Middlesex Hospital. 2d Edition, with considerable Additions. 12mo. pp. 212. London, 1814.

IN one of the early numbers of the REPOSITORY, we gave some account of the first edition of this *Synopsis*, then little more than a sparse outline of Dr. Merriman's lectures. But even in that shape, the judicious selection of materials, the importance of the occasional observations, and the perspicuity of arrangement, had our full approval. In its present enlarged

form, in a second edition, it may be considered as a compendium of midwifery, a vade mecum, that may be extremely useful to those practitioners who have no opportunity of attending the lectures, of which it was originally designed to be an outline.

## V.

*The Accoucheur's Vade-Mecum; being the Substance of a Series of Lectures, delivered at the Westminster Lying-in Hospital, Queen Square.* By Joseph Hopkins, Surgeon. Second Edition, corrected and enlarged. 12mo. pp. 202. London, 1814.

This Vade-Mecum, though neither so nosologically correct in its arrangement, nor so full of important matter, or of references to sources whence information may be derived, yet, as in some particulars it goes more into detail, may accompany Dr. Merriman's work into the library of the student with much advantage. Mr. Hopkins describes the parts concerned in conception, utero-gestation, and parturition—explains the menstrual flux, and treatment of diseased menstruation—gives a theory of conception and generation, with diseases of the pregnant state, and management of abortion—describes the various changes and symptoms preparatory to labour—points out the different classes of labour, and elucidates protracted, preternatural, and complex parturition; comprehending hæmorrhage, convulsions, &c. &c.

As containing a copious index, and table of references, by which any particular fact may be turned to immediately, it has considerably the advantage of the preceding Synopsis.

# *PART III.*

# SELECTIONS.

On the 15th of July (1799), when Messrs. Humboldt and Bonpland were, in the morning, nearly abreast of the hill of St. Joseph, on the coast of Paria, they were surrounded by a great quantity of floating sea weed. Its stems had those extraordinary appendages in the form of little cups and feathers, which Don Hippolyto Ruiz remarked on his return from the expedition to Chili, and which he described in a separate memoir as the sexual

organs of the fucus natans. A fortunate accident allowed them the means of verifying a fact, which had been but once observed by naturalists. The bundles of fucus collected by M. Bonpland were completely identical with the specimens given them by the learned authors of the Flora of Peru. On examining both with the microscope, they found, that these pretended parts of fructification, these stamina and pistils, belong to a new genus of the family of the ceratophytæ. The small cups, which Mr. Ruiz took for the pistils, proceed from horny and flattened stems, which are so intimately united to the substance of the fucus, that they might have been tempted to take them for mere fasciculated fibres; but these horny stems may be separated by a very thin blade, without hurting the parenchyma. They are unarticulated, and at first of a dark brown; but they become in time, by drying, white and friable; in this state they effervesce with acids, as the calcareous substance of the sertularia, the extremities of which very much resemble the cups of the fucus of Mr. Ruiz. They found again in the South Sea, on their voyage from Guayaquil to Acapulco, these same appendages to the tropic grape, and the most attentive examination left no doubt, that a zoophyte is attached to the fucus, as ivy entwines the trunks of trees. The organs described under the name of female flowers are more than two lines long, and their size alone should have removed the suspicion, that these parts were real pistils.

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## *PART IV.*

# FOREIGN MEDICAL SCIENCE AND LITERATURE.

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### PRACTICE OF MEDICINE AND SURGERY.

I.—*M. Charles Busnout*, in a thesis submitted to the Faculty of Medicine of Paris, intitled " *Dissertation sur la Rage*," has brought forward some new and interesting facts.

On the 19th of June 1813, at the Hotel Dieu, Messrs. *Majendie* and *Breschet* took some of the saliva of a man under the influence of hydrophobia, and, having carried it on a piece of linen about twenty paces from the bed of the patient, inoculated with it two dogs in good health. One of them became mad on the 27th of July, and bit two others; one of which was in a state of raging madness on the 16th of August.

On the 1st of July 1812, a woman, aged 34, of a bilio-sanguineous temperament, and vigorous constitution, on learning the death of her husband, fell into a state of stupor, and remained during an hour almost without motion, only sighing deeply. After this, having shed a few tears, she hastily arose, entered her chamber, abandoned herself to all kinds of lamentations, and gave full vent to her tears during the whole of the night. Next day, yielding at length to the ardent remonstrances of her parents, she drank very nearly half a cup of coffee with milk; but refused to take the remainder, on account of the difficulty she experienced in swallowing: the rest of that day she was sad, sought solitude, and complained of a sense of heat and constriction of the throat. In the evening, on going to bed, she experienced light twitchings of the tendons, much uneasiness, and passed the night in continued agitation, owing to frightful dreams, which represented her husband cut in pieces by the enemy.

On the third day the dejection of spirits and the heat and constriction of the throat increased; her thirst was urgent, but the deglutition of liquids very difficult. A physician, whose attendance was requested, learnt that the patient had a favourite dog, which often licked her mouth, and even ate with her; but that he was perfectly well, and he ate and drank with avidity before the physician. On the patient attempting to drink a draught that was prescribed, the horror of liquids was strongly manifested; even the sight of them made her shudder; and delirium and convulsions followed, which were renewed by the least agitation of the air. The power of swallowing solids still remaining, the physician prescribed boluses of camphor, of opium, and of musk; but the patient soon refused them, and could not swallow any thing afterwards. A burning heat of the throat was experienced; the delirium became furious; the face reddened; the eyes sparkling and wandering, and the look wild. A constant spitting of a frothy saliva, an aversion from light, fury and convulsions at the sight of liquids or polished shining bodies, and a full and frequent pulse, were the symptoms which simultaneously existed; and after a dreadful night, the patient sunk at eight o'clock in the morning, in a state of extreme weakness.

This woman continued to receive the caresses of her dog, even to the fifth day of her disease, when an aversion from all that she held the most dear was displayed. The health of the animal experienced no alteration till the 22d of July; but at that period all the symptoms of rabies were exhibited, and went on with so much rapidity, that it died on the 26th, eighteen days after its mistress.

*M. Dupuytren* having, by means of *Anel's* syringe, injected

into the saphenic vein of a young man, aged 24 years, afflicted with hydrophobia, about two grains of extract of opium, dissolved in distilled water, the patient instantly became calm. This calm having suggested the idea of augmenting the dose, M. Dupuytren, some hours afterwards, introduced, in the same manner, four grains of opium into the cephalic vein; the patient again rested three hours in the most perfect calmness; but at the termination of this period he was agitated. He got up and knelt every instant in his bed—groaned, and uttered the most horrible cries. Next day he was in a state of extreme lowness. At eight o'clock, however, he appeared again collected, spat continually, was unceasingly agitated, requested that they would shake nothing near him, and permitted in the mean time the renewal of the injections. An ounce of distilled water, containing from six to eight grains of the soft extract of opium, was introduced into the circulation; but the symptoms of the preceding day were renewed; the mouth was filled with froth, the eyes became fixed, the head bent back, respiration impeded, the pulse scarcely sensible, and the patient expired.

II.—We conceive the following curious paper, communicated by Dr. *F. Cesar Caizergues*, of Montpellier, to the Société Medicale d'Emulation, sufficiently interesting to be translated. It is intitled "*Sueur de Sang, survenue quatre fois pendant la plus grande vivacité des doleurs d'une Colique Néphrétique.*"

"Madam ——, aged thirty-one years, of a sanguino-plethoric temperament, extremely sensible and irritable, born of a very gouty father, and the mother of several children, enjoyed, until she was twenty years old, as much good health as was possible to her age and constitution. At twenty, however, excessive grief, occasioned by the death of one of her children, and the illness of her husband, of whom she was doatingly fond, threw this lady into a severe fever, which threatened her life. The following year, a sudden fright produced a very obstinate attack of icterus: and at twenty-five years of age, having suffered many severe domestic afflictions, she became subject to a nervous spasmodic affection, the paroxysms of which were renewed at periods more or less distant, and always by any affliction of mind, characterized by a tonic convulsive state (état convulsif tonique), or rigidity of all the muscles of the body, and slight delirium. It is necessary to observe here, that when a mental affliction did not produce an hysterical or a nervous attack, it excited a copious hemoptysis, with a cough almost convulsive, which yielded to sedatives, emollients, and relaxing mucilaginous drinks.

"In the month of December 1809, being then twenty-seven years of age, this lady, after a fit of anger, was seized with an acute pain in the region of the left kidney, which stretched to

above the groin of the same side, or to the seat of the left ovarium. This pain, increasing, soon extended over the whole abdomen, which became tumid, and so sensible to the touch, as to render the weight even of the bed clothes insupportable. Violent and repeated vomitings supervened, which first brought up all the food that the patient had taken; then bilious and mucous matters; and, finally, every thing which was swallowed, whether quieting and antispasmodic potions, or emollient liquids. The urine was limpid, although passed with pain, and in small quantity. This state continued about two hours; and when it went off, the patient felt only a very great debility; and some days afterwards, her urine let fall a great quantity of a reddish sandy deposit.

"The paroxysms of this colic, always occasioned by some violent passion, were renewed at greater or shorter intervals, until the month of December 1811. In the course of this month the same cause produced an attack, which was longer and more painful than any that had preceded it. In it, the patient having occasion to wipe herself, on account of a moisture and disagreeable itching which she felt over the whole body, was astonished and frightened on observing spots of blood upon the handkerchief, and told me, in great agitation, that she was sweating blood. I acknowledge that my surprise nearly equalled hers, when, on examining her face, neck, and anterior parts of the chest, I saw oozing, without any lesion of continuity of the skin, little drops of bright red blood, of a natural consistence, from the cutaneous pores. As these little drops transuded, they were replaced by others, which, thus escaping through the skin, spread over the whole surface, and formed a kind of dew and true sweat. When the patient raised herself, her clothes and the sheets were stained with blood, in a manner which proved that the sweat had been general.

"This cutaneous hemorrhagy appeared about the middle of the paroxysm, when the pains were strongest, the vomitings the most violent, and the pulse small, scarcely perceptible, and such as it usually is during pain.

"This paroxysm, like the others, was successfully combated by sedatives. One grain of the gummy extract of opium, given every hour, and repeated immediately when it was rejected by vomiting, procured a cessation of the pains, and, with them, of the effusion of blood. This medicine, in allaying the pains, always left a drowsiness, attended with delirium, from which the patient passed to a state of great debility, and after two or three days felt herself in better health than before the attack.

"After the termination of this last paroxysm, I examined attentively the whole of the skin; but could discover nothing, except some small bright yellow spots, which were seated under the epidermis, and soon disappeared.

"Since the above-mentioned period, Madam —— has had three paroxysms of nephralgia: one in the month of June 1812, another in February 1813, and the third so lately as last January. The attack in June was the most severe, and the effusion of blood by the cutaneous pores general, and extremely copious. Six grains of gummy extract of opium having neither allayed the pains, nor suppressed the cutaneous hemorrhagy, I determined on bleeding her at the arm, and abstracted eight ounces of blood, which immediately relieved her. The pains yielded, the hemorrhage stopped, and the pulse, which was previously scarcely perceptible, and nervous, filled. The blood which was drawn soon coagulated, and shewed a very firm, consistent, and somewhat inflammatory coagulum.

"The nephralgic paroxysm in the month of February, brought on by a fit of anger, was less violent than the preceding; but the bloody sweat was altogether as copious and general. The pains, which yielded to four grains of gummy extract, gave place to a nervous spasmodic affection, attended with an almost *tetanic* rigidity of the whole body, and delirium; symptoms which were happily removed by the use of the tepid bath, and other emollient, relaxing, and antispasmodic means, which need not be enumerated.

"The last attack, which occurred without any obvious cause, was preceded two or three days by a fixed pain in the region of the left ovarium and considerable tumefaction of the lower belly. In it, although the pains were very strong, yet they were of shorter duration than in the others; and the bloody sweat was confined to the face, neck, arm-pits, and the anterior part of the thorax and abdomen: both were removed by two grains of the gummy extract; and I believe that this amelioration of the disease may be ascribed to the regimen to which she had been limited since last spring, which consisted chiefly of chicken broth, whey, and vegetables, with the use of baths."

"This case appears to me to be extremely interesting, as it presents an occurrence so very rare as a general sweating of blood with all the characters of an active hemorrhagy.

"If the cases that have been transmitted to us, both by antient and modern authors, be examined, it will be perceived that almost all of them have displayed the characteristics of *passive* hemorrhagy. The individuals who were the subjects of the greater part of these cases, were labouring under,

"1°. Either a weakening of that vital *nexus*, which, according to *Fouquet*, binds and unites together the particles of blood, so as to form them into an apparently hemogenuous substance; a weakening which occasions this fluid to lose its qualities, and acquire such a state of fluidity or serosity as permits it to penetrate vessels to which it previously had no access:

"2°. Or a general asthenic state of the solids, and particu-

larly of the skin, owing to which, little resistance being offered to the impulse of the blood, it is allowed to transude through the exhalent pores:

"3°. Or, finally, which is the more frequent cause, from the co-existence of both these diseased conditions, effected by that constant harmony which is observed between the movements of the solids and those of the fluids; and which has been so well demonstrated by *Barthez, (N. Clémens de la Science de l'Homme ch. vii.* § 128).

"The existence of these causes will be readily reeognized in the following cases.

"The ancients have rather indicated than described the sweats of blood * which they have referred to the above-mentioned causes. Thus Aristotle mentions it in the two following passages of his writings:—'*Jam nonnullis accidit, ut cruentum quoddam excrementum sudarent, propter vitiatum corporis habitum, scilicet cum corpus laxum, fluxumque esset, sanguisque propter cruditatem humesceret, imbecillitate caloris, qui exiquis venulis inclusus, concoquere non posset.* (Lib. iii. Part. Anim. cap. v.) *Si sanguis immodicè humescit, morbus infestat: sic enim in specie saniei diluitur, et adeo serescit, ut jam nonnulli sudore cruento exundarint.*' (Hist. Animal. lib. iii. cap. 29.)

"Theophrastus, on the authority of Monas, a Greek physician, says, that the perspiration sometimes resembles blood: *Jam verò ferunt nonnulli et sanguini (sudorem) assimilasse, ut* Monas, *medicus, dicebat, extracto scilicet multo a è venis humore, crudo tamen et veluti segregato.* (De sudoribus, p. 456.)

"The sweating of blood takes place, according to Galen, when the pores, being somewhat dilated, allow passage to that fluid. *Quandòque poris amplius dilatatis effluit ipse sanguis.* (De usu respir. cap. i. tom. 5, p. 408, edit. de Chartier.)

"Fernel is the first among the moderns who observed a sweating of blood; the origin of which he endeavours to trace to the debility of the liver, and the retaining faculty. *Sed et interdum sanguinum animadverti ab extremis venis quæ in cutem desinunt, multis è locis effundi qui nullo ardore livescebant.—Ab imbecillitate jecaris facultatisque retentricis.* (Lib. vi. cap. iv. p. 493.)

"Rondelet, a professor of the University of Montpellier, saw twice in the year 1547, in a young student, serous blood transude from every part of the body, owing, adds he, to the

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"* *Garmannus (de Miraculis Mort. lib. ii. tit. vi.* § 36,) quotes *Hippocrates,* as the first who observed a sweating of blood, in the disease of *Lycia,* (*Lib. de Morb. Vulg.* § 2); but on perusing the Greek text attentively, I have not been able to discover any word corresponding to *blood,* which appears to have been put in by some translators; as, for example, by *Van der Linden.*

weakness of the extremities of the veins, and the tenuity of the blood. (*Rondelet*, cap. ii. et 18, lib. *de cognoscendis Morbis.*)

"Fabricius Hildanus, (Obs. Chirurg. cent. vi. Obs. lxxvi.) relates, that in 1626, a child twelve years old, after walking beyond his strength, and using wine, to which he had not been accustomed, was attacked by a fever in which the blood escaped; first by the gums, and afterwards by every pore of the body. This blood was very serous, and the child very feeble and pale—*Et quià sanguis summè tenuis, fluxilis et. serosus, prœtereà à naturâ irritatâ compulsus exitum, per extrema venarum molitus est...pulsus debilis—totus pallidus et valde imbecillis ipse extremas partes frigidas habuit.*

"We read in Tulpius, (*Obs. Med. cap. xxxi.*) that an old and melancholic female, who had cancer of the uterus, was attacked by a cutaneous hemorrhagy so abundant, that the patient would have undoubtedly sunk under it, if the most powerful astringent had not been employed.

"Zacutus Lusitanus (*Praxis Med. Admir.* lib. iii. Obs. 41.) relates, that some persons in the plague have sweated blood for two days. *Quidam in truculentâ lue toto corporis habitu livido facto, biduò per totum corpus sudorem sanguineum ob debilitatem retentricis excreverunt.*

"G. Agrigola, J. Kentmann, G. Fabricius, Diemerbroeck, &c. have observed the same phenomena in plague. These sweats of blood are analogous to those which supervene in the last stage of low fever, scurvy, and similar diseases; and depend on the same cause, the putrid gangrenous solution of the blood, and the atony of the solids.

"The works of Hillary, Mackittrick, Professor Berthe, and others, mention sweatings of blood observed in the last stage of the yellow fever. In the *Acta Nat. Curios.* are, (*Ann. vi. D. 2. Obs. xlvii. Obs. xxxiv. D. 2. Ann. ii. et Obs. x. Dec. i. Ann. vi.*) several cases of sweatings of blood occurring in scorbutic patients.

"Horstius (*de Morb. Mulier. Obs. xvii.*) speaks of a scorbutic woman in the seventh month of pregnancy, in whom the imprudent use of a hot bath brought on a sweating of blood, which proved fatal.

"The bite of the *hemorrhoüs*, and of some other species of serpents, alters in so great a degree the constituent parts of the blood, that it suddenly corrupts, becomes dissolved, and flows from the nostrils, the points of the fingers, and the whole surface of the body in the form of sweat, according to the observations of Lucan*, Rejes†, J. Grevir‡, G. Marggrave||, and P. Kircher§.

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* *Lucan, lib ix. Phars.* † *Camp. Elysiac. jucundar. quæstion.* ‡ *Traité de Venins.* || *Histoire Nat. du Bresil.* § *Scrutinum pestis.*

"A very great alarm occasioned by some melancholy event, or profound grief, sometimes produces so considerable a degree of *Asthenia*, that the pores of the skin cease to oppose any resistance to the blood, which is therefore exhaled through them. The cutaneous hemorrhages related by historians are to be ascribed to this cause. Thus *De Thou* (Histor. lib. ii.) relates, that the governor of *Montmarin* having been summoned to a conference, and retained prisoner by Augustus, natural son of the Prince of the Saluces, who threatened to put him to death if he did not give up the place, was so struck by the terror of so unjust a death, that he sweat blood from every part of his body.

"*Florentinus Leudanus* (Martyrolog.) relates, that a monk having fallen into the power of a troop of disorderly soldiers, was so alarmed, that he dropped down dead covered with a sweat of blood.

"In the *Acta Naturæ Curios.* (Ann. x. D. ii. Obs. clxxix.) we find a case related by George Tobias Durrius, of a student, who, on being put into prison for some nocturnal prank *(propter insolentias nocturnus)*, was so much vexed, that his chest, arms, and hands sweated blood, and continued to do so until he was set at liberty.

"*Maldonatus* (Comment. ad Math.) relates, that a criminal, on hearing the sentence of death passed upon him, had a general sweat of blood.

"In the case which I have detailed, we cannot recognize either any relaxation of the solids, or solution of continuity of the particles of the fluids as causes of the cutaneous hemorrhagy. On the contrary, there appears to have been an excess of tone and cohesion in both. The subject of it was a young woman, stout, of a sanguine temperament, very irritable, much disposed to nervous spasmodic affections; and, except in the attacks of Nephralgia, in the best health. The sweat of blood came on in an instant when the sensibility was carried to the highest pitch of excitement, and the ordinary tone of both the solids and fluids consequently augmented. The blood appeared when the pain of nephralgia was greatest, and the pulse scarcely perceptible; and both the perspired blood, and that which was drawn by the lancet, displayed a very great consistence; finally, the opium, in allaying the irritation, checked the hemorrhagy. The increased tonic movements of the solids, or spasm, must therefore be admitted as the cause of this sweat of blood.

"The spasm was the primary and essential cause of the pain; and which, besides attacking the kidneys, stomach, and abdominal viscera, sympathetically affected the cellular tissu and the skin, and determined there the hemorrhagic movement.

Thence resulted, 1°, a morbid increase of the tonic movements in the capillary vessels of these parts, which expressed the blood from them: and 2°, a corresponding active dilatation of the exhaling pores taking place, the blood expressed from the capillary vessels was allowed to exude and spread itself on the surface of the body. It was therefore an active cutaneous hemorrhagy; and of the nature of those from which *Pierre Lombard*, in a thesis, defended at Paris under the presidency of *Fagon**, concluded, that sweating of blood may be produced by an effort of nature. *Ergo sudor cruentus à vi naturæ fit.*

"But cutaneous hemorrhages of this kind are extremely rare, and very few of them are found among the cases of sweating of blood on record. The three following, however, are of this description:

"The following case, described by Zacutus Lusitanus, presents all the characters of active hemorrhagy. '*Animosus vir, quadratus, succulentus et bene educatus, adventare vere, in febrem sanguineam incidebat: hanc natura, antequam expectaret artis opem, personabat aborto sudore sanguineo, aliquando in quinto, sexto aut septimo morbi die. Hic per diapedesim è toto calidissimo et fervido, igneoque spiritu permixtus, biduo sensim ac sine sensu emanabat; nam exeunte sanguine pruritus ingens per totam corporis superficiem sentiebatur. Eo finito æger usque ad aliud solstitium vernale salubriter vitam degebat*†.'

"*Vicarius, (Acta. Nat. Curios. D. 3. Ann. 1. Obs.* 109,) relates a case of sweating of blood, which recurred several times during a fever, in a person of a sanguine temperament, otherwise subject to copious hemorrhages, and who was well formed without any infirmity. *Habitus corporis totus eusarcus est et absque omni labe, in quo nec minima excoriatio apparet.*

"The exciting and expanding passions may sometimes produce sweats of blood, which cannot be classed among *passive* hemorrhages. Thus *Boistrau* (de l'Excellence de l'Homme) relates, that Alexander the Great seeing his troops give way in a battle which he fought in India, was so violently enraged, that he sweated blood copiously from every part of his body.

"It must not, however, be supposed that I regard the cause of the sweating of blood in these three cases to be the same as that of the case I have furnished. In it, the blood contained in the cutaneous capillary system was expressed by a spasmodic affection; while, in the three other cases, the blood suffered a contrary movement from rarefaction and dilatation, which impelled it towards the periphery of the body."

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* *Sudor cruentus fit-ne à vi naturæ? Paris,* 25 Janvier, 1665.

† *Zacutus, lib. iii. prax. Med. Admir.*

## PART V.

# MEDICAL AND PHYSICAL INTELLIGENCE.

LECTURE I*.—*On the Materia Medica and Pharmacy.* By Professor BRANDE, at Apothecaries' Hall, London.

IN the course of lectures delivered here during the last season, I endeavoured to set before you the leading objects of the materia medica, and to call your attention in a very general way to the most important points connected with this branch of medical education.

You will recollect that I reprobated the general mode of treating the subject; and that I objected to its being regarded, as usually is the case, as a secondary and inferior department of study.

It is common with teachers of physic to dwell at great length, and to enter with extreme minuteness upon what is termed the practice of medicine—to detail the particulars of the origin and progress of disease—to describe its symptoms, and to discuss its treatment: and thus hurried on in a smooth and easy path, the pupil becomes unmindful of those more solid qualifications, upon which his practical skill must essentially rest. It was on this account that, in my former lectures, after having stated the importance of the study of natural history and chemistry to the medical man, I ventured to refer to physiological inquiries; and that I particularly recommended to your attention the study of the phenomena of life. When the nature and operation of medicines, and the structure and functions of the machine upon which they are to act, have been thus carefully investigated, you will proceed to the treatment of disease with the certainty of a traveller who knows his road; you will be able to combat symptoms with a strong and steady hand, and will be strangers to the waverings and doubts of the half-informed adventurer in physic.

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* The resumption of these very interesting and important lectures will be a cause of general gratulation to our readers. We believe we may presume there are few practitioners that may not derive instruction from the perusal of them; but to the student we particularly recommend the practical information with which they abound, and are so admirably calculated to impart. If we esteem the professors of the healing art in Great Britain generally better informed, or more expert in the departments of medicine and surgery, than our brethren of the continent, yet it is notorious, and must be acknowledged, that the latter pay infinitely more attention to pharmaceutical chemistry, and are greatly our superiors in the knowledge and practice of pharmacy. This possibly arises from the greater estimation and cultivation of this science abroad; and to its being almost always, there, an exclusive branch of the profession. It is indisputable that pharmacy is too much slighted by all ranks of the profession in this country; although it be admitted to be an important and indispensable adjunct to success in practice.

Young men, when they have served an apprenticeship, and

It is further necessary to remark, that of the truly practical part of physic, little indeed can be taught by the most eminent and accomplished lecturer: he may edify you with peculiar theories of the nature and treatment of disorders; he may surprise you with his learning, or entertain you with his wit: but from these sources you will not get that which is truly useful—experience. This can only be attained by patient and persevering attention in the sick-room—by carefully catching the features of symptoms as they arise—by watching, with a nice eye, the influence of particular constitutions over particular forms of disease—by noting down the effects of remedies—and by comparing your own opinion, derived from these sources, with those which arise in the mind of the experienced practitioner upon the same occasion.

In calling upon you to lay the foundation which I have sketched—in requesting a more rigorous attention to anatomy and physiology, to chemistry, botany, and the elements of natural philosophy and history, than usual—I cannot for a moment be supposed to hint, that perfection in any one of these departments of science is to be aimed at. Each would in this case furnish employment for the short span of human life. I will therefore beg leave to dwell here a little longer, for the purpose of more intelligibly specifying my meaning.

I am to suppose it your intention to make the practice of physic the leading business of life—whether in the exclusive pursuit as a physician, or in the more difficult and complicated occupation of an apothecary, matters little. In anatomy, then, it is rather to the general and relative position of the parts of the human body, than to their minute and individual texture, that the attention of the medical man is to be directed. The situation of the viscera, and the structure of

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passed the ordinary routine of compounding and dispensing, are too apt to imagine that they have acquired a competent knowledge of the art; whereas too commonly they are wholly ignorant of its elements. Hence, when they enter into the hospitals, even the most reflecting and assiduous conceive they fulfil every duty by regularly attending the practice of the house and the various lectures and dissections: but the laboratory, or shop, where they can see, examine, apply, and reduce to practice what they are taught concerning the materia medica, chemistry, and pharmacy in the lecture-room, is neglected, if not entirely overlooked.

This is a great defect in the education of *all* medical students; and leads to the prescribing of inert and inefficient remedies, even by those well skilled in anatomy, physiology and in the knowledge and treatment of diseases.

It is to students principally we address these observations; and confidently hope that they may excite a due degree of attention to this essential qualification of the accomplished practitioner.

They who possess the advantage of hearing Professor Brande's elaborate and scientific lectures, know best how to appreciate their value; and we are anxious that they who do not enjoy that privilege, may, through the medium of the Repository, not altogether lose the benefit of their contents.

the brain and nervous system, should be most clearly and perfectly understood; and to these, other points of anatomical knowledge, though far from unnecessary or unimportant, should be regarded as subordinate. Physiology implies the doctrine of the constitution—of Nature's work in general: but in the sense it is used here, it is to signify the doctrine of the functions of living parts; and I allude to human physiology.

This is a most important limb of medical study. I do not mean that it should be taken up, as it too commonly has been, as a vehicle for absurd speculation, wild hypothesis, or undigested theory; but that it should be coolly and philosophically considered. In this way it will lead to very beneficial results. It induces habits of acute investigation; and leads us to inquire into causes, instead of resting satisfied with the superficial observation of effects.

In the first place it developes the mysterious relation of living to inanimate matter, and shews us, in the processes of respiration, digestion, and secretion, the wonderful powers by which living beings are capable of converting inorganic bodies into parts of themselves. It traces the laws of sympathy, or of secondary affection, a subject upon which the medical practitioner cannot bestow too much thought; and the importance of which one or two of the most obvious instances will suffice to shew. The stomach is the great sympathizer; and very frequently diseases of other parts exhibit themselves by affections of that viscus. Thus, diseases of the brain shall produce vomiting and purging, or loss of appetite, or dyspepsia, or obstinate constipations; and I have known similar stomachic affections result from a stone in the bladder, or from gravel irritating the kidneys, or from the accumulation of hardened feces in the colon. How commonly does it happen that a foul stomach affects the head—that the functions of the brain become modified, impaired, or cease altogether for a time. I know a gentleman who, whenever he takes vinegar into the stomach, is seized with considerable, immediate, and lasting irritation of the bladder. But to come to the most common, obvious, and perhaps important, instance of sympathy: it is the pulse—the manner in which the heart is secondarily affected; and here the effect is so uniform, that it becomes a constant standard of reference.

Such, then, are a very few of the facts which physiology investigates and explains. I should, perhaps, rather say attempts to explain; for the difficulties in these inquiries are of such number and magnitude, that, although they have been attacked by the physiological inquirer, few only have been subdued. Still, however, physiology has done much; and the ardour, and zeal, and success, with which it has of late been pursued, hold out strong grounds of expectation, and induce me particularly to advise its study, and recommend its laborious, but fertile, paths.

Almost every department of physic is more or less connected with the principles of chemical science, and consequently one or more courses of chemical lectures are usually attended by the medical student. Many, indeed, are the circumstances, and urgent the reasons, which render this study particularly important to him. To examine the minute properties and combinations of different forms of

matter, is the object of chemistry; and whether we regard it as connected with pharmacy, where it discovers the composition of medicines; or as related to physiology, where it teaches their *modus operandi*; or as a branch of science, included in what is called a liberal education, which every medical man is supposed to possess—it is of equal interest and importance. Much, indeed, have we to lament the want of minute chemical knowledge, which has exhibited itself in many instances of public importance, and in more of private practice. In the former case I allude to our Pharmacopœia; in the latter, to the combinations which so often disgrace the prescriptions of individuals, in which the intended operation of remedies is frustrated by their injudicious mixture and union. Thus it is, that that which is intended to be mild in its operation, is frequently rendered dangerously virulent, and that active medicines are deprived of efficacy from the want of a degree of chemical information which might be attained in a month's time.

I have seen a prescription in which blue pill of mercury was ordered with nitric acid; and the patient was brought to death's door, from the formation of nitrate of mercury in his stomach. Sugar of lead and sulphuric acid are powerful astringents, and, separately taken, are efficacious in hæmorrhages. But when given together, which is often the case, a sulphate of lead is formed, which is an inert compound. There are several diseases which require to be treated upon strict chemical principles; and some of these are of a most alarming nature; such as stone in the kidney and bladder, and I might almost say gout, which is a near relation of calculus. Lastly, in cases where poisons have been taken, or extraneous substances, such as pieces of money, swallowed, chemical knowledge is often indispensably necessary to their treatment.

It is not therefore upon slight grounds that I recommend chemistry to your especial notice and serious thoughts. But here again a selection is to be made; for to follow up that extensive subject in all its parts would lead to matter irrelevant to your profession, and would call for time and attention, which must be bestowed upon more necessary accomplishments.

Such is the road which has been pursued by Boerhaave, Sydenham, and Cullen, by the Hunters, and others; who not only commanded the respect of their contemporaries, but whose names, instead of blazing for a day, have been transmitted to us with undiminished splendour, and will be conveyed illustrious into future ages.

It is needless that I should here enlarge upon these topics; but I cannot quit the subject without recommending to your notice an essay upon the study of physic in general, prefixed to Dr. Young's learned introduction to medical literature; it is well written; it contains some judicious quotations, and abounds in good advice and good sense.

In my former Lectures, which were intended as an outline of pharmacology, I adopted an arrangement which I conceived best suited to their particular object; but now, that we are to proceed from general and comprehensive surveys, to particular and more confined views, it will be necessary to pursue another plan; and as I shall first ask your attention to the operation of medicines, I will briefly advert to the arrangement which will be adopted.

Dr. Cullen, who is deservedly esteemed as high authority in the materia medica, divides its objects into two leading classes: viz. aliments and medicines. The former are subdivided into solids and fluids; the latter are considered as acting; first, on the solids, and second, on the fluids of the body; and here, independent of other subdivisions, these are two leading ones; namely, alteratives and evacuants. The former, producing their effect independent of sensible evacuation or separation of matter from the body; the latter, obviously operating in consequence of increasing the secretions, or augmenting the powers of particular parts, so as to produce a visible and notorious evacuation. I shall not stop here to discuss the propriety of such an arrangement, or to object to its numerous and fantastical subdivisions; but the heads of it are so natural, simple, and unobjectionable that I cannot hesitate to adopt them. So that I shall begin these Lectures with a summary history of vegetable and animal products, endeavouring to make you acquainted with their chemical properties; which inquiry will lead us to discover the nature and proportion of their nutritive parts; it will point out the most efficacious and œconomical modes of separating that which is active from that which is useless and inert; and will give me an opportunity of dwelling particularly upon those substances which are most important as articles of food.

The operation of medicines will next come under review; and with discussions relating to this subject, I shall blend such physiological remarks as I conceive absolutely essential to render them intelligible.

It might at first sight appear easy to arrange the different articles of the materia medica according to their effects or operations; but many circumstances concur to render a tolerably correct arrangement upon such principles, a matter of great difficulty; for not only is the same remedy gifted with very different effects when administered in different doses, but it frequently possesses at once several qualities: thus there is a frequent repetition of the same article; and it is here that the alphabetical arrangement of the articles of the materia medica is looked upon as chiefly advantageous. Cartheuser and others have adopted a classification founded upon the sensible qualities of drugs; but, to say nothing of the impossibility of following up such a plan with any degree of precision, it is at once inconvenient and unphilosophical. Others again, such as Alston and Vogel, have brought together the articles of the materia medica derived from the vegetable kingdom into divisions founded upon the parts employed, as roots, leaves, &c. and there would be no objection to this plan as far as it goes, if we were confined to the immediate article before us; but as this is by no means the case, we are to consider not the mere drug, but its *modus operandi*; as we are to hint at the particular cases of disease in which it is indicated and in which it is contra-indicated. But it is unnecessary to enlarge upon this subject; as, whatever advantages any arrangement may have, I know of none in any science, and more especially of none which attempts to harmonize so many contending objects as the materia medica includes, which, with some advantages, is not full of inconvenience. Therefore, as best suited to my present purpose, I shall, when we arrive at this part of our subject, lay before you some remarks upon

the operation of medicines in general, and proceed to their individual history and particular properties, as calculated to fulfil particular indications.

How important the study of botany and some other departments of natural history are to the medical student, the catalogue of the materia medica at once suggests; and that you should become acquainted with the outlines of natural philosophy, is equally obvious. Thus have I endeavoured to expose to your view the foundations of medical science, and to enumerate the most important requisites of a medical education. Nor have I alluded to any thing which common diligence may not attain. There are writers upon this subject, who, forgetting the old maxim, ars longa, vita brevis, &c. have insisted upon the pupil becoming a proficient, not only in subjects I have recommended him partially to cultivate, but in a variety of other acquirements. They have enumerated at least twenty languages, which he is to study, and have inculcated the necessity of logical, metaphysical, moral, political, and mathematical studies; besides advising the perusal of voluminous writers, or fifty other equally irrelevant subjects. In this advice I can discover nothing but want of common sense. Speaking indeed of deep reading, it is suited to few minds only; and it often operates most injuriously, in inspiring an unexperienced practitioner with false confidence, in making him believe that he is much wiser than he really is, and in inducing him to pursue the shadow where it is above all things necessary that he should grasp at the reality.

Such then is the range of elementary study which I would embrace under the subject of materia medica. I would include in my system, all that belongs to physic, except the actual practice of it—except the treatment of disease, and the history of its diagnostic symptoms. A glance at the suggestions I have thrown out will present the peculiar difficulties of the study of medicine, and will enable us to account for the scarcity of eminence in this field, compared with the other learned professions—"for there is no science which requires so penetrating an intellect, so much talent and genius, so much force of mind, so much acuteness and memory, as the science of medicine. It also requires, for the full attainment of its proper and ultimate objects, the possession of stability of judgment, rapidity of decision, immoveable firmness and presence of mind, readiness of recollection, coolness, flexibility of temper, elegance and complacency of manners, and a profound knowledge of mankind."

Such, gentlemen, are the leading circumstances which have occurred to me respecting the study of the materia medica; in which it is not only necessary to become acquainted with the history and characters of preparations employed in palliating and curing diseases, but it is also required to study the functions of the human body, and to investigate the various phenomena resulting from the operation of an infinite variety of agents upon it.

When it is recollected that these subjects are in general unpardonably neglected by the student, or at most imperfectly attended to; that he often attempts the management of disease with very superficial notions of the healthy functions; that he frequently thinks he has acquired that from books which experience only can

teach, and not seldom proceeds to administer medicines without any competent knowledge of their natural history, their chemical composition, or their *modus operandi*, and lastly, when we see him satisfied with having acquired the knack of tracing the leading symptoms of diseases, and the routine of prescribing, without any of the more solid qualifications which require to be conjoined with these, to lead to any thing like professional eminence; when, I say, you consider these things, you will find in them the grounds of the observations I have thrown out. It is true, that polished manners or high connections may lead, in physic, to a certain degree of success and reputation especially in large towns and among higher classes; but eminence stands not upon such tottering foundations; it results from deep study, urged by a zealous interest for the progression of medical science, and by a desire of acquiring something more than ephemeral reputation.

## A METEOROLOGICAL TABLE,

*From October the 21st, to November the 20th, 1814.*

| M | D | Therm. | | Barom. | Hyg. | Wind. | Rain. | Remarks, &c. |
|---|---|---|---|---|---|---|---|---|
| | | Morn. | Day. | | | | | |
| | 21 | 37 | 54 | 29 .68 | 362 | WSW | | Cloudy |
| | 22 | 46 | 55 | .60 | 353 | W | .74 | Pleasant, Dull, Stormy in N |
| S | 23 | 44 | 46 | .50 | 348 | W | .09 | Showery |
| | 24 | 36 | 48 | .71 | 308 | SWW | .89 | Dull, Rainy Night |
| | 25 | 42 | 46 | .00 | 240 | W | .05 | Dull, Pleasant, Rainy |
| | 26 | 40 | 50 | .65 | 238 | N | .05 | Dull, Rainy |
| | 27 | 42 | 49 | .75 | 260 | NCalm | | Pleasant |
| | 28 | 40 | 51 | .79 | 248 | SW | | Clouds, Dull |
| | 29 | 40 | 51 | .70 | 248 | CalmNW | | Dull |
| S | 30 | 39 | 49 | .86 | 285 | SWWSW | .19 | Pleasant, Rain |
| | 31 | 37 | 50 | .93 | 252 | E | | Dull |
| | 1 | 47 | 48 | .99 | 233 | NE | | C.. R |
| | 2 | 43 | 44 | 30 .03 | 247 | NEE | | C.. R |
| | 3 | 40 | 44 | 29 .95 | 261 | N | | F. F.... |
| | 4 | 38 | 46 | .84 | 276 | NE | | C.. |
| | 5 | 30 | 47 | .82 | 267 | N | | C.. |
| S | 6 | 29 | 46 | .74 | 262 | W. | | C... |
| | 7 | 34 | 46 | .50 | 175 | W.. W. | .10 | C.. R.. |
| | 8 | 32 | 42 | .13 | 213 | W.. | .23 | C... R.. Hail.. R.. in N |
| | 9 | 33 | 39 | .29 | 270 | W.. | .15 | Snow... C. |
| | 10 | 28 | 38 | 30 .05 | 275 | N.W. | | F...Starlight.... |
| | 11 | 31 | 42 | .08 | 248 | sw.sw.. | .06 | Fog.. C.... R.. in N |
| | 12 | 40 | 46 | 29 .72 | 294 | W. W.. | .05 | R.. F.... C.. St... |
| S | 13 | 39 | 45 | .76 | 269 | NW.. | .11 | R.. C.. C.... in N |
| | 14 | 40 | 51 | .65 | 162 | S..W. | .04 | C.... R. C.... in N |
| | 15 | 46 | 49 | .75 | 226 | S. | | C... |
| | 16 | 46 | 42 | .44 | 233 | s.. | .51 | R.. R. C. St... |
| | 17 | 33 | 51 | .84 | 243 | S. SW.. | | Fog. C... |
| | 18 | 47 | 49 | .50 | 262 | S.. | .02 | C.. R. in N |
| | 19 | 35 | 42 | .36 | 268 | SW. W | | F... C. |
| S | 20 | 28 | 38 | .50 | 241 | N. | | C. |

The quantity of rain that fell in September was three inches 44-100ths, and the prevailing winds between S and W. On the 25th the mercury in

the barometer had sunk from 29.71 to 29.00 during the night, and 89-100ths of an inch of rain had fallen. We have had some dark, cold, and disagreeable days during this part of November, and after the 6th a succession of light showers. On the night of the 15th the thermometer marked 46°, at which point it stood at 7 A.M. on the 16th; but the wind changed to the W...; at 10 A.M. it marked only 39°, and did not rise again higher than 42°. My tables, which are for the last 20 years, present but very few instances of the thermometer falling, in October and November, during the day, (the last was on November 16th, 1803,) although there are many instances of the night being warmer than the day preceding.

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## A METEOROLOGICAL JOURNAL,

### *From the 21st of October, to the 20th of November, 1814,*

### KEPT AT RICHMOND, YORKSHIRE,

NW from London.

| D. | Barometer. Max. | Barometer. Min. | Therm. Max | Therm. Min. | Rain Gage. | Winds. | Weather. |
|---|---|---|---|---|---|---|---|
| 21 | 29 30 | 29 30 | 54 | 40 | | W.. | 1 S.. 3 Cy.. 4 Moon. |
| 22 | 29 16 | 29 12 | 60 | 39 | .39 | SW... | 1 S.. 2 Cy.. 4 R... |
| 23 | 29 38 | 29 26 | 50 | 30 | | WbS.. | 1 3 S.. 2 Sh. 4 Moon.... |
| 24 | 29 19 | 29 79 | 49 | 38 | .54 | WbN..S. | 1 S.... 2 S.. 3 Cy.. 4 R.... |
| 25 | 29 33 | 29 14 | 46 | 42 | .22 | SE..vble.NE... | 1 R.. |
| 26 | 29 47 | 29 4[illegible] | 53 | 35 | | SE.. | 1 3 Cy.. 2 S.. 4 Moon.. |
| 27 | 29 39 | 29 38 | 53 | 39 | | W..SW.. | 1 S.. |
| 28 | 29 50 | 29 50 | 58 | 43 | | SW.. | 1 S.. 4 Cy.. |
| 29 | 29 47 | 29 40 | 51 | 39 | .20 | SE.. | 1 Cy.. 2 S.. 4 R.. |
| 30 | 29 66 | 29 64 | 53 | 31 | | WSW.. | 1 S... |
| 31 | 29 73 | 29 73 | 50 | 35 | | Vble.NE. | 1 S.. 3 Cy... |
| 1 | 29 83 | 29 79 | 49 | 41 | .02 | NE. | 1 Small Rain. |
| 2 | 29 83 | 29 78 | 47 | 38 | .02 | NE.. | 1 Sm R. 2 S. and Sh. |
| 3 | 29 68 | 29 60 | 47 | 37 | .20 | NE.. | 1 S.. and Sh.. |
| 4 | 29 60 | 29 57 | 46 | 36 | | NW.. | 1 S.. |
| 5 | 29 55 | 29 54 | 46 | 35 | | WNW.. | 1 S.. |
| 6 | 29 50 | 29 39 | 47 | 38 | .05 | W. | 1 S.. 4 R. |
| 7 | 29 02 | 29 87 | 50 | 30 | | WSW.. | 1 Sh. and S.. |
| 8 | 29 94 | 29 94 | 44 | 29 | | SW.. | 1 S.. |
| 9 | 29 55 | 29 30 | 40 | 25 | .12 | NW... | 1 s...2 s..3 sn & r.. 4 sta.. |
| 10 | 29 74 | 29 72 | 39 | 29 | | NW.. | 1 S... |
| 11 | 29 45 | 29 30 | 48 | 41 | .04 | SW... | 1 Cy... 2 S. 3 R. |
| 12 | 29 35 | 29 35 | 46 | 36 | .02 | W.. | 1 S... 2 Sh. |
| 13 | 29 48 | 29 30 | 46 | 36 | | W.. | 1 S... 4 R. |
| 14 | 29 48 | 29 44 | 54 | 44 | | SW.. | 1 Cy... 4 Starl. |
| 15 | 29 15 | 29 90 | 54 | 41 | .04 | SW... | 1 S.. 4 R. |
| 16 | 29 44 | 29 42 | 48 | 36 | | WbN... | 1 Cy... 2 S.. 4 Starl... |
| 17 | 29 33 | 29 [illegible] | 54 | 44 | | SW...SW.... | 1 Cy.. 2 S.. |
| 18 | 29 05 | 29 94 | 50 | 35 | .03 | SW..SW... | 1 R. 2 Cy... 4 Starl.. |
| 19 | 29 25 | 29 17 | 45 | 31 | | W.. | 1 Cy.. 2 S.. |
| 20 | 29 31 | 29 30 | 48 | 28 | | NNW.. | 1 Cy.. 2 S.. 4 Starl... |

The quantity of rain in October was two inches 58-100ths. The diseases of this period have been much the same as the preceding, only the number considerably increased. The additional diseases were a few cases of Menorrhagia, Dispepsia, Paralysis, and Anasarca.

No. 12. Vol. II.

# A REGISTER of the DISEASES of LONDON between October 19th and November 20th, 1814, for the London Medical, Surgical, and Pharmaceutical Repository.

| DISEASES. | 1 S. W. | 2 S. | 3 S. E. | 4 E. | 5 N. E. | 6 N. | 7 N. W. | 8 W. | 9 Surry side W | 10 Surry side E. | 11 Hamp Highg | No. of Cases. | Fatal. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Amaurosis | | | | | | 1 | | | | | | 1 | |
| Anasarca | 3 | | 1 | 4 | 2 | 5 | 3 | | 3 | 2 | | 23 | 2 |
| Ascites | 1 | | | 1 | 3 | 4 | | | 1 | 1 | 1 | 12 | 2 |
| Asthma | 7 | 1 | 1 | 2 | 27 | 8 | 30 | 2 | 5 | 1 | 6 | 90 | 2 |
| Acne | | | 3 | | 1 | 1 | | | 3 | 1 | | 9 | |
| Apoplexia | 1 | | | 4 | 3 | 1 | 1 | 1 | | 2 | | 13 | 7 |
| Aphtha | 1 | | | | 6 | 4 | 1 | | 2 | | 1 | 15 | |
| Amenorrhœa | 6 | 3 | 2 | 1 | 5 | 1 | 1 | 1 | 3 | | 3 | 26 | |
| Asthenia | 6 | 2 | | | 4 | 4 | | | 5 | 7 | 3 | 31 | |
| Abortio | 1 | | | | 4 | 3 | | 4 | 2 | 3 | | 17 | |
| Bronchitis acuta | 3 | | | | 2 | | | | 3 | 8 | | 16 | 4 |
| ——— chronica | 7 | | | 1 | 11 | | 4 | | 2 | 4 | | 29 | 1 |
| Chlorosis | 5 | 2 | | 6 | 1 | 2 | | 1 | 4 | | 4 | 25 | |
| Cholera | | | 2 | 2 | | 1 | 4 | | 2 | | | 11 | |
| Chorea | 1 | | | | | | | | 1 | | | 2 | |
| Cephalalgia | 9 | 6 | 1 | 4 | 8 | 10 | 14 | 1 | 7 | 8 | 2 | 70 | |
| Colica | 3 | | 2 | 16 | 5 | 2 | 8 | | 2 | 2 | 1 | 35 | 1 |
| Catarrhus | 38 | 30 | 33 | 30 | 36 | 15 | 39 | 35 | 19 | 30 | 18 | 323 | |
| Convulsio | 1 | 1 | | 1 | 4 | | 1 | | 2 | 3 | | 13 | 1 |
| Carditis | | | | 2 | | | | | | | | 2 | |
| Cynanche Tonsillaris | 9 | 6 | 2 | 2 | 13 | 4 | 13 | 8 | 7 | 6 | 12 | 82 | |
| ——— maligna | 1 | 1 | | 3 | | 1 | 3 | | | | | 9 | |
| ——— Trachealis | | | 1 | | 1 | | | 1 | | | 1 | 4 | 2 |
| ——— parotidea | 1 | | 1 | | | | | 2 | 2 | 1 | | 7 | |
| Diabetes | | | | 1 | | | | 1 | | | | 2 | |
| Dysenteria | 2 | 3 | | 2 | 3 | 1 | 6 | | 3 | 2 | | 22 | 2 |
| Diarrhœa | 11 | 15 | 9 | 9 | 14 | 16 | 18 | 12 | 21 | 3 | 6 | 134 | 1 |
| Dyspnœa | | | 1 | 2 | 2 | 3 | | 2 | 3 | 3 | 2 | 25 | |
| Dyspepsia | 10 | 11 | 10 | 31 | 12 | 6 | 18 | 16 | 15 | 7 | 9 | 145 | |
| Dysuria | | 2 | | 1 | 3 | | 2 | | | 2 | | 10 | |
| Ecthyma | | | | | 1 | | | | | 1 | | 2 | |
| Eczema | | | | | | | | | | 1 | | 1 | |
| Erythema | | | | | 2 | | | | | | | 2 | |
| Erysipelas | 3 | 5 | 1 | 1 | 2 | 7 | 4 | 3 | 4 | 1 | | 31 | |
| Enteritis | | 1 | | | 1 | | 1 | 1 | | 1 | 1 | 6 | |
| Entrodynia | | 10 | 1 | | 5 | | | | 6 | 4 | 3 | 29 | |
| Epilepsia | | | 2 | 3 | 2 | 3 | | | 1 | 1 | | 12 | |
| Epistaxis | | | | 1 | | 1 | | | | | | 2 | |
| Febris remittens | 11 | 20 | 9 | 6 | 16 | 9 | 2 | 13 | 9 | 12 | 7 | 114 | |
| — intermittens | | 3 | | 5 | 2 | 5 | | | 3 | 5 | | 23 | |
| — puerpera | 2 | 1 | | 1 | 1 | | | | | | 2 | 7 | 2 |
| — synochus | | | 2 | | 2 | 1 | | | 1 | | 1 | 7 | |
| Gastritis | | | | 1 | | | 1 | | | | | 2 | |
| Gastrodynia | 13 | 4 | | 3 | 9 | | 1 | | 6 | 6 | 5 | 47 | |
| Hæmatemesis | | 3 | | | | 3 | 2 | | | 1 | | 9 | |
| Hæmoptoe | 5 | 3 | | 1 | 2 | 6 | 2 | | 1 | 3 | | 23 | 1 |
| Hæmorrhois | 3 | 4 | 1 | 4 | 10 | 4 | 2 | | 4 | 3 | 2 | 37 | |
| Hepatitis | | | | 10 | 3 | 5 | 1 | | 3 | 3 | | 25 | |
| Hysteria | 7 | 4 | | 3 | 7 | 4 | 7 | 2 | 4 | 2 | 2 | 42 | |
| Hysteritis | | | | | | | | | 1 | 1 | 1 | 3 | |
| Hydrocephalus | 2 | 1 | 1 | | | 4 | 1 | | 1 | 2 | | 12 | 8 |
| Hydrothorax | | | | 2 | | 5 | 2 | | | 1 | | 10 | 3 |
| Herpes | | 3 | | 3 | 6 | 3 | | | 4 | | 2 | 21 | |

| DISEASES. | 1 S. W. | 2 S. | 3 S. E. | 4 E. | 5 N. E. | 6 N | 7 N. W. | 8 W. | 9 Surry side W | 10 Surry side E. | 11 Hamp Highg | No. of Cases. | Fatal. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hypochondriasis | | 2 | 1 | | | | | 1 | 3 | | 1 | 8 | |
| Icterus | 2 | 4 | 1 | 3 | 2 | 1 | 3 | 2 | 2 | 2 | | 22 | |
| Ichthyosis | 1 | | | | | | | | | | | 1 | |
| Impetigo | | | | 1 | | | | 2 | | | | 3 | |
| Ischias | | | | | | 1 | | | | | | 1 | |
| Ischuria | | 2 | | 2 | 2 | | | 1 | 1 | | | 8 | |
| Leucorrhœa | 5 | | | 5 | 5 | | 2 | 1 | 3 | 1 | 1 | 23 | |
| Lithiasis | | | | | 2 | | | | | | | 2 | |
| Lepra | 2 | | | | 1 | 1 | | | | | | 4 | |
| Mania | | | | | 2 | | 1 | | | | | 3 | |
| Menorrhagia | 8 | 5 | 2 | | 5 | | 19 | 4 | 5 | 1 | 3 | 52 | 1 |
| Miliaria | | | 1 | | | | | | | | | 1 | |
| Morbi Infantiles* | 11 | 6 | 9 | 3 | 17 | 18 | 8 | 24 | 14 | 48 | 9 | 167 | 4 |
| ——— Biliosi | 9 | 2 | 19 | 1 | 6 | 10 | 21 | 9 | 25 | 37 | 5 | 144 | |
| Neuralgia | 1 | | | | | | | | | | | 1 | |
| Nephritis | | | 1 | 2 | 1 | | 1 | 1 | | 2 | 1 | 9 | |
| Obstipatio | 8 | 2 | 1 | 5 | 2 | 5 | 6 | 2 | 5 | | 3 | 39 | |
| Ophthalmia | 3 | 7 | 1 | 1 | 11 | 5 | 1 | 5 | 4 | 3 | 9 | 50 | |
| Phlogosis | 2 | | | 2 | | | 1 | | | | | 5 | |
| Paralysis | 4 | 1 | | 8 | 3 | 6 | 5 | 3 | 2 | | | 32 | 2 |
| Phthisis Pulmonalis | 5 | | | 5 | 7 | 8 | 5 | | 1 | | | 31 | 11 |
| Pertussis | 3 | 2 | | 5 | 8 | 6 | 1 | 1 | 3 | 8 | | 37 | 3 |
| Peritonitis | | 1 | 1 | | 3 | 1 | | 1 | | | | 7 | |
| Phrenitis | | | | 1 | | 1 | 1 | 3 | | | | 6 | 1 |
| Pneumonia | 2 | 6 | 8 | 18 | 17 | 16 | 16 | 7 | 4 | 16 | 9 | 119 | 12 |
| Pleuritis | 1 | | | 2 | | 2 | 3 | | | | | 8 | |
| Pleurodyne | | | 2 | 1 | | 1 | 1 | | 1 | | | 6 | |
| Podagra | 3 | 2 | 1 | 1 | 4 | | 5 | | 2 | 1 | 1 | 20 | |
| Porrigo larvalis | | | | | 1 | 1 | 2 | 1 | | | | 5 | |
| ——— scutulata | 3 | | | | 1 | 2 | 1 | | 2 | 2 | | 11 | |
| ——— favosa | 1 | | 1 | | 4 | | | | | | | 6 | |
| Psoriasis | | 4 | | 3 | 3 | 10 | | 1 | 2 | | 2 | 25 | |
| Purpura | | | | | | | 1 | 1 | | | | 2 | |
| Pyrosis | 1 | 2 | | | 1 | | 1 | | | 2 | 1 | 8 | |
| Rheumatis. acut | 22 | 13 | 1 | 18 | 7 | 4 | 15 | 8 | 9 | | 1 | 98 | |
| ——— chron. | 6 | 2 | 1 | 12 | 15 | 7 | 45 | 2 | 8 | 4 | 4 | 106 | |
| Rubeola | | 12 | 4 | 30 | 26 | 7 | 5 | 7 | 5 | 4 | 3 | 103 | 7 |
| Scabies | | | | | | 4 | 46 | | 3 | 2 | 2 | 57 | |
| Scarlatina simplex | 1 | 6 | | 1 | 1 | 3 | | | | 2 | | 14 | |
| ——— anginosa | 2 | 2 | | | 4 | 4 | | 1 | 2 | 1 | | 16 | 2 |
| Splenitis | | | 1 | | 1 | | | | | | | 2 | |
| Scrofula | 2 | | 1 | | 1 | 5 | 2 | 2 | 3 | 1 | 2 | 19 | 2 |
| Tabes Mesenterica | 1 | 1 | | 4 | 2 | 3 | 3 | | | | | 14 | 3 |
| Tic Doloreux | | | | | | | | 1 | | | | 1 | |
| Typhus | 1 | | | | 4 | 8 | 5 | | 2 | 1 | | 21 | 7 |
| Variola | 1 | | | 2 | 2 | 13 | 2 | 1 | 3 | 11 | | 35 | 4 |
| Varicella | 1 | | 1 | 4 | | 1 | 3 | 3 | 4 | 9 | 4 | 30 | |
| Vermes | 3 | 2 | | 3 | 3 | 12 | 1 | 2 | 5 | 3 | | 34 | |
| Vertigo | 3 | | | 10 | 5 | 4 | 2 | 2 | 6 | 7 | 3 | 42 | 1 |
| Urticaria | 1 | | 1 | 1 | 3 | | | 1 | | | | 7 | |
| Total No. of Cases | 300 | 231 | 145 | 317 | 423 | 321 | 446 | 206 | 294 | 312 | 159 | 3154 | |
| Total of Deaths | | | | | | | | | | | | | 101 |

* *Morbi Infantiles* is meant to comprise those Disorders principally arising from dentition or indigestion, and which may be too trivial to enter under any distinct head; *Morbi Biliosi*, such Complaints as are popularly termed *bilious*, but cannot be accurately classed.

☞ The EDITORS will be infinitely obliged to their Reporters, if on the backs of their Registers they will insert any disease not mentioned in the list, and briefly notice any thing remarkable in the cases, or in the remedies applied. It is particularly requested that the fatal termination of every disease reported in the previous or present table be carefully noted in the column for Deaths.

## AN ABSTRACT *from the* REGISTER *of those* DISEASES *of* LONDON, *presumed to originate in, or be influenced by, the State of the* ATMOSPHERE, *with a* DIURNAL REFERENCE *to the* METEOROLOGICAL TABLE.

### METEOROLOGICAL TABLE,

*From the 20th of* OCTOBER, *to the 19th of* NOVEMBER, 1814.

| M. | Therm. | | | Barom. | | Hygrom. Dry. | | | Hygrom. Damp. | Winds. | Atmos. Variation. | D. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 46 | 49 | 46 | $29^{3}$ | $^{6}$ | 16 | 23 | 16 | | W.. | F.F…C.. | 20 |
| ◐ | 47 | 51 | 56 | $29^{7}$ | | 16 | 20 | 16 | | W. | F.F..C. | 21 |
| | 53 | 55 | 54 | $29^{7}$ | $^{6}$ | 10 | 15 | 14 | | W. | C….F.R.R.. in N | 22 |
| | 51 | 49 | 48 | $29^{6}$ | $^{7}$ | 12 | 17 | 23 | | NW.. | F…F..R.F… | 23 |
| | 41 | 44 | 46 | $29^{8}$ | $^{6}$ | 20 | 27 | 23 | | W.. | F..F…R..R…in N | 24 |
| | 48 | 51 | 46 | $29^{2}$ | $^{3}$ | 12 | 19 | 17 | | NW… | C….R..F… | 25 |
| | 42 | 46 | 46 | $29^{5}$ | $^{7}$ | 15 | 21 | 15 | | N… | F..C..F… | 26 |
| | 45 | 49 | 46 | $29^{7}$ | $^{8}$ | 13 | 19 | 14 | | N.. | C…. C..F…. | 27 |
| | 45 | 52 | 48 | $29^{8}$ | $^{9}$ | 15 | 21 | 15 | | NW. | C.. F.Fog..F… | 28 |
| ○ | 45 | 51 | 52 | $29^{9}$ | $^{8}$ | 13 | 12 | 10 | | E. | Fog..R…R..F… | 29 |
| | 43 | 52 | 49 | $29^{9}$ | 30 | 10 | 10 | 14 | | W.. | F..Fog..F… | 30 |
| | 49 | 54 | 50 | 30 | | 14 | 16 | 15 | | NE. | Fog..F.Fog..R.in N | 31 |
| | 50 | 52 | 50 | 30 | | 15 | | 14 | | E. | Fog..C…R.R. in N | 1 |
| | 48 | 45 | 44 | 30 | | 15 | 22 | 20 | | N.E.. | C….C….C…. | 2 |
| | 42 | 46 | 41 | 30 | $29^{9}$ | 19 | | 16 | | NE. | C….C..F..C…F…. | 3 |
| | 39 | 40 | 42 | $29^{9}$ | | 14 | 15 | 16 | | NE. | C….C…R. | 4 |
| ◑ | 44 | 46 | 43 | $29^{9}$ | $^{8}$ | 15 | 17 | 14 | | NE. | C….R..R.. | 5 |
| | 39 | 43 | 41 | $29^{9}$ | | 20 | 16 | | | W.. | F…C..Fog…F.. | 6 |
| | 39 | 47 | 45 | $59^{9}$ | $^{5}$ | 14 | 15 | | | W.. | FogC..C… | 7 |
| | 39 | 44 | 41 | $29^{4}$ | | 15 | [illegible] | 16 | | W.. | C.C…R…C..F.. | 8 |
| | 37 | 43 | 39 | $29^{5}$ | $^{6}$ | 16 | 15 | 20 | | W.. | C….C…R.. snow.C.. | 9 |
| | [illegible]4 | 38 | 35 | 30 | $30^{5}$ | 22 | 24 | 21 | | NW. | F…F…C.. | 10 |
| | 32 | 44 | 44 | $30^{3}$ | $^{1}$ | 15 | 17 | 18 | | W. | C…C…C…R.. in N | 11 |
| ● | 49 | 56 | 44 | $29^{9}$ | | 14 | 23 | 18 | | SW… | R.F…C.. | 12 |
| | 45 | 49 | 44 | $29^{9}$ | | 15 | 21 | 17 | | W. | C….F.C..R.. in N | 13 |
| | 45 | 52 | 50 | $29^{8}$ | $^{9}$ | 14 | | 13 | | W.. | R.C…C…F… | 14 |
| | 49 | 50 | 48 | $29^{8}$ | | 11 | 15 | 12 | | SW. | C….F..C…R.. in N | 15 |
| | 49 | 48 | 42 | $29^{3}$ | $^{9}$ | 11 | 15 | | | SW.. | R…C…F..C…F.. | 16 |
| | 42 | 53 | 50 | $30^{1}$ | 30 | 13 | 12 | 10 | | SW.W… | F…C…C… | 17 |
| | 50 | 53 | 50 | $29^{9}$ | | 10 | 11 | 9 | | SW… | C…C…R.C….R… in N | 18 |
| | 47 | 50 | 44 | $29^{4}$ | $^{5}$ | 13 | | | | W… | C….C..F.C..R. in N | 19 |

| D. | Asthma. | Apoplexia. | Bronchitis. | Cholera. | Cephalalgia. | Colica. | Catarrhus. | Cynanche. | Cynanche Trachealis. | Dysenteria. | Diarrhœa. | Dyspnœa. | Erysipelas. | Febres. | Hæmoptoe. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | 2 | — | — | — | 4 | 1 | 5 | 2 | — | — | 4 | — | — | 7 | 1 |
| 21 | 2 | — | 2 | — | 2 | 1 | 14 | 2 | — | — | 8 | 1 | 1 | 7 | — |
| 22 | 4 | — | 3 | 1 | 5 | 2 | 15 | 3 | — | 3 | 7 | — | — | 4 | 3 |
| 23 | — | 1 | 1 | — | 4 | — | 14 | 5 | — | 1 | 6 | — | — | 6 | — |
| 24 | 2 | 1 | 4 | — | 4 | — | 12 | 3 | 1 | 2 | 3 | 2 | — | 5 | — |
| 25 | 4 | — | — | — | 2 | — | 9 | 3 | — | 1 | 4 | 3 | 3 | 5 | — |
| 26 | 3 | — | — | — | 4 | 3 | 10 | 4 | — | — | 2 | 2 | 2 | 4 | 1 |
| 27 | 3 | — | 2 | — | 2 | — | 7 | 2 | — | 1 | 4 | 2 | 1 | 5 | — |
| 28 | 4 | 1 | — | — | — | 3 | 7 | 6 | — | — | 5 | 2 | 4 | 3 | 2 |
| 29 | 2 | 2 | 2 | — | 4 | — | 12 | 10 | — | 2 | 9 | — | — | 7 | 1 |
| 30 | 2 | — | 2 | 2 | 4 | 2 | 7 | 4 | — | — | 5 | — | — | 6 | — |
| 31 | 5 | — | 1 | — | 3 | — | 8 | 3 | 1 | 2 | 4 | — | 2 | 5 | 1 |
| 1 | 3 | — | 3 | — | 1 | 1 | 15 | 5 | — | — | 5 | 1 | 1 | 12 | — |
| 2 | — | 1 | 3 | 2 | 2 | — | 4 | 3 | — | — | 5 | — | 2 | 3 | — |
| 3 | 4 | — | 2 | 1 | 1 | 2 | 6 | 2 | — | — | 7 | — | 2 | 6 | — |
| 4 | 1 | 1 | 3 | — | 3 | — | 7 | — | 1 | 1 | 7 | 1 | 1 | 3 | — |
| 5 | 4 | — | 2 | — | 1 | 4 | 5 | 3 | — | 2 | 5 | — | 2 | 8 | 2 |
| 6 | 5 | — | 3 | — | — | 2 | 7 | 4 | — | — | — | — | — | 7 | 1 |
| 7 | 3 | — | — | — | 1 | — | 10 | — | — | 2 | — | — | 1 | 8 | — |
| 8 | 6 | — | — | 1 | 2 | — | 10 | 4 | 1 | — | 5 | — | 3 | 9 | — |
| 9 | 3 | 2 | 1 | 1 | 1 | 2 | 7 | 5 | — | 1 | 3 | 2 | 1 | 1 | 1 |
| 10 | 8 | 1 | 3 | — | 4 | — | 13 | 1 | — | 1 | 5 | — | — | 1 | 1 |
| 11 | 1 | — | — | 1 | — | 1 | 13 | 3 | — | 1 | — | — | 1 | 2 | — |
| 12 | 3 | — | 3 | 1 | 2 | 1 | 12 | 3 | — | — | 6 | 1 | 1 | 2 | 1 |
| 13 | 1 | — | — | — | 4 | 2 | 17 | 2 | — | — | — | — | — | 3 | 1 |
| 14 | 2 | 1 | — | 1 | 1 | 2 | 12 | 2 | — | — | 1 | — | — | 4 | 1 |
| 15 | 6 | — | 3 | — | 2 | 3 | 14 | 1 | — | 1 | 5 | 3 | — | 5 | 2 |
| 16 | 4 | — | — | — | 2 | — | 15 | 3 | — | — | 7 | — | 1 | 1 | — |
| 17 | 2 | — | — | — | — | 1 | 18 | 2 | — | — | 7 | 2 | — | 6 | 2 |
| 18 | 2 | — | 1 | — | 2 | 2 | 10 | 3 | — | 1 | 2 | — | 2 | 2 | 1 |
| 19 | — | 2 | 1 | — | 3 | — | 10 | 4 | — | — | 3 | 1 | — | 2 | 1 |
| No. of Cases… | 91 | 13 | 45 | 11 | 70 | 35 | 323 | 97 | 4 | 22 | 134 | 23 | 31 | 1[illegible]9 | 23 |
| Fatal………… | 2 | 7 | 5 | — | — | 1 | — | — | 2 | 2 | 1 | — | — | 2 | 1 |

| D. | Morbi Biliosi. | Ophthalmia. | Paralysis. | Phthisis. | Pertussis. | Pneumonia. | Podagra. | Rheumatismus. | Rubeola. | Scarlatina. | Typhus. | Variola. | Varicella. | Vertigo. | Urticaria. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | 5 | 1 | — | 3 | — | 3 | 2 | 6 | 3 | — | 1 | — | 1 | 2 | — |
| 21 | 3 | — | 1 | — | — | 2 | — | 12 | 3 | — | — | 3 | 1 | — | 1 |
| 22 | 3 | 2 | 1 | — | — | 4 | 3 | 10 | 4 | — | — | 2 | 2 | 4 | — |
| 23 | 4 | — | 2 | — | — | 3 | 1 | 2 | 3 | — | 1 | — | — | 1 | — |
| 24 | 5 | 1 | 4 | 1 | 3 | 4 | — | 6 | 3 | — | 2 | — | — | 5 | — |
| 25 | 7 | 3 | — | 2 | 2 | 2 | 1 | 15 | 4 | 5 | — | — | — | 2 | — |
| 26 | 3 | 2 | — | 2 | 1 | 2 | — | 16 | 4 | — | 2 | 2 | 2 | 1 | 1 |
| 27 | 6 | 4 | 1 | 1 | 2 | 8 | — | 5 | 5 | — | — | — | — | — | — |
| 28 | 3 | 2 | 1 | 2 | — | 5 | — | 13 | 3 | — | 2 | 2 | 2 | — | — |
| 29 | 2 | 3 | 2 | — | 1 | 3 | — | 10 | 1 | 2 | 1 | — | 1 | — | — |
| 30 | 4 | 3 | 1 | — | — | 2 | — | 12 | 1 | 2 | — | — | 3 | — | 1 |
| 31 | [illegible] | 2 | 2 | 1 | 3 | 5 | 2 | 12 | 3 | 4 | 1 | 2 | 2 | 3 | — |
| 1 | 2 | 2 | 2 | — | 3 | 2 | 1 | 6 | 4 | — | — | — | 3 | — | — |
| 2 | 5 | 4 | — | 2 | 3 | 5 | — | 8 | 2 | — | — | — | — | 3 | — |
| 3 | 4 | 1 | — | — | 2 | 5 | — | 5 | 1 | 2 | 2 | 1 | 2 | 1 | — |
| 4 | 6 | 2 | 1 | 1 | — | 11 | — | 8 | 6 | — | 1 | 4 | — | 3 | — |
| 5 | 8 | 1 | — | 2 | 2 | 10 | 2 | 4 | 8 | 1 | — | — | — | 1 | — |
| 6 | 2 | 1 | 1 | — | 2 | 3 | 2 | 5 | 6 | — | — | 2 | 1 | 1 | — |
| 7 | 5 | 1 | 3 | 1 | — | 2 | — | 3 | 5 | 1 | — | 1 | — | — | — |
| 8 | 3 | — | 1 | — | 2 | 2 | 2 | 8 | 2 | 1 | — | 3 | 4 | 1 | — |
| 9 | 4 | — | 2 | 3 | 1 | 3 | — | 3 | 2 | 1 | — | 2 | — | 4 | — |
| 10 | 2 | 1 | — | 1 | — | 4 | 1 | 4 | 6 | 2 | — | 1 | — | — | — |
| 11 | 1 | 3 | 1 | — | — | 8 | — | 4 | 4 | — | 1 | [illegible] | 3 | — | 1 |
| 12 | 7 | 1 | — | [illegible] | — | 4 | 2 | 7 | — | — | — | 2 | — | — | — |
| 13 | 5 | 1 | — | 2 | 3 | 2 | — | 4 | 1 | — | 3 | — | — | 2 | 1 |
| 14 | 4 | — | — | 1 | — | 8 | — | 5 | 5 | 1 | — | — | — | 1 | 1 |
| 15 | 9 | 2 | — | 1 | 3 | 6 | — | — | 5 | 1 | — | 1 | — | — | 1 |
| 16 | 2 | 4 | 3 | 1 | 1 | 4 | — | 3 | 2 | 4 | 1 | 2 | 1 | 1 | — |
| 17 | 9 | 1 | 1 | — | 3 | 5 | — | 3 | 4 | 1 | 2 | — | 2 | 2 | — |
| 18 | 4 | 2 | — | 1 | — | 2 | — | 4 | 1 | 2 | — | 2 | — | 3 | — |
| 19 | 7 | 1 | 2 | 1 | — | 4 | 1 | 1 | 3 | — | 1 | 1 | — | 2 | — |
| No. of Cases… | 138 | 51 | 32 | 31 | 37 | 133 | 2[illegible] | 204 | 103 | 30 | 21 | 35 | 30 | 43 | 7 |
| Fatal………… | — | — | 2 | 11 | 3 | 12 | — | — | 7 | 2 | 7 | 4 | — | 1 | — |

*Princes Street, Cavendish Square.*

Total of Cases….1986. Total of Deaths, [illegible]2.

Quantity of Rain, from the 20th of October to the 19th of November, 2 inches 20-100.

### BILL OF MORTALITY *from October* 18, *to November* 15, 1814.

**CHRISTENED.**

| | Oct. 18-25. | Nov. 1. | Nov. 8. | Nov. 15. |
|---|---|---|---|---|
| Males………. | 241 | 274 | 205 | 252 |
| Females……. | 213 | 272 | 211 | 260 |
| | 454 | 546 | 416 | 512 |

Total……1928.

**BURIED.**

| | Oct. 18-25. | Nov. 1. | Nov. 8. | Nov. 15. |
|---|---|---|---|---|
| Males………. | 230 | 271 | 187 | 273 |
| Females……. | 196 | 271 | 169 | 252 |
| | 426 | 542 | 356 | 525 |

Total……1849.

*OF WHOM HAVE DIED,*

| | Oct. 18-25. | Nov. 1. | Nov. 8. | Nov. 15. |
|---|---|---|---|---|
| Under 2 Yrs.. | 1[illegible]0 | 192 | 122 | 204 |
| Betw. 2 & 5… | 58 | 64 | 54 | 71 |
| 5 & 10… | 16 | 27 | 24 | 17 |
| 10 & 20… | 14 | 13 | 8 | 18 |
| 20 & 30… | 30 | 27 | 20 | 31 |
| 30 & 40… | 29 | 40 | 27 | 46 |
| Betw. 40 & 50… | 27 | 45 | 30 | 46 |
| 50 & 60… | 36 | 42 | 19 | 31 |
| 60 & 70… | 5[illegible] | 45 | 18 | 33 |
| 70 & 80… | 26 | 31 | 21 | 17 |
| 89 & 90… | 11 | 15 | 13 | 11 |
| 90 & 100… | — | 1 | — | 2 |
| Small Pox…… | 14 | 26 | 13 | 20 |
| Measles……… | 39 | 39 | 41 | 40 |

Small Pox Total…………73.

Measles Total…………159.

The cold has not been so severe during this period as it was on the 10th of October; a thin film of ice has only one night covered shallow and stagnant water. On the 8th of November there was thunder, and a small quantity of snow fell on the 9th. On nineteen days rain has fallen; and the quantity collected in the rain gage has exceeded that of any of the preceding months since Midsummer: but, from the 20th of May to the 19th of June, the fall was two inches 80-100ths.

The general effect of this month on the human constitution has been various, and the result peculiarly fatal. The deaths have been principally of children under five years of age. While disorders of the *primæ viæ* have diminished, those of an inflammatory nature have much augmented. Asthma is very frequent, considering it is but the autumn. Severe affections of the bronchiæ and lungs have been common; and Catarrh is becoming as general as usual on the approach of cold weather. Typhus, except in some districts, is declining. Small Pox is prevalent and very fatal. Measles have much increased, particularly in the fourth and fifth districts. In the last district, one practitioner lost five out of fifteen cases; three being in one family. But it is worthy of remark, that none of the children had had either Variola or Cow Pox; the parents having applied for them to be inoculated with the variolous virus; but which had always been refused. It will be seen by the Monthly Bill of Mortality that the deaths from Measles exceed any former return. Determination of blood to the head, inducing Apoplexy and Hemiplegia, has also been prevalent.

## NATIONAL VACCINE ESTABLISHMENT.

*At a Board, holden on the 6th day of October, 1814,*

RESOLVED—That there be three classes of Vaccinators, namely, *Stationary, Extraordinary,* and *Corresponding*: That the Vaccinators of each class be Members of the Royal College of Surgeons in London: That every Vaccinator retain his office during the pleasure of the Board; and upon such conditions as the Board shall, from time to time, judge proper: That *Stationary,* and *Extraordinary* Vaccinators be chosen by the Board: That *Corresponding* Vaccinators be appointed by the Board; or, by the inhabitants of distant parishes or districts: That the present *Stationary* Vaccinators be continued, upon the remunerative conditions under which they were chosen, until the Board shall otherwise determine: That *Extraordinary* Vaccinators be resident within, or in the vicinity of the metropolis; and that each of them be expected to sign a copy of the following form of engagement:—"I hereby engage, as Extraordinary Vaccinator of the National Vaccine Establishment, to vaccinate, gratuitously, the infant-poor, and other proper objects, who shall apply, or be presented to me, for Vaccination; to promote, to the utmost of my power, the practice of Vaccination; and, upon every occasion, to act conformably to the instructions which I have received, or which I may receive, from the Board of the Establishment." That *Corresponding* Vaccinators be resident in the United Kingdom and its Dependencies; not in the vicinity of the metropolis; and that, whether appointed by the inhabitants of parishes or districts, or by the Board, each of them be expected to keep a register of the persons whom he shall vaccinate, with remarks upon interesting occurrences; and, annually, to communicate a summary thereof to the Board of the Establishment: That every *Corresponding* Vaccinator be allowed copies of the printed directions of the Board relating to Vaccination, and to supplies of Vaccine Lymph, upon due application to the Board: That a list of the Members and Officers of the Board, and of the Vaccinators under the three distinct heads, be annually printed; that a copy thereof be sent to each of such persons; and that copies be otherwise distributed, according to the directions of the Board, for the public information and benefit: That to induce the appointment of *Corresponding* Vaccinators, and, also, otherwise to further the designs of the Establishment, an advertisement, in the following terms, be inserted in such public papers, and be otherwise printed and circulated, as the Board shall from time to time direct; and that such advertisement have the signatures of the Members of the Board.

THE BOARD OF THE NATIONAL VACCINE ESTABLISHMENT, under the authority of Government—in pursuance of their duty, to extend by all possible means the practice of Vaccination, and, thereby, to accelerate the extermination of small pox from this nation, as, happily, has already been effected in some countries, where, before the introduction of Vaccination, that disease was prevalent and generally destructive—do recommend to the inhabitants of parishes in the United Kingdom and its Dependencies, not in the vicinity of the metropolis, to appoint so many Members of the Royal College of Surgeons in London as may be judged expedient, *Corresponding Vaccinators* of the National Vaccine Establishment; who shall each be expected to vaccinate, gratuitously, the infant-poor, and other proper objects, inhabitants of the district to which he shall be appointed; to keep a register of the persons whom he shall vaccinate, with remarks upon interesting occurrences; and, annually, to communicate a summary thereof to the Board of the Establishment, addressed, to "Dr. HERVEY, *National Vaccine Establishment, Leicester Square,*" under cover to "*the Right Hon. the Secretary of State for the Home Department, Whitehall:*" And every person, who shall be appointed as herein is recommended, will be recognised by the Board as a *Corresponding Vaccinator* of the National Vaccine Establishment; and will, accordingly, receive, free of expense, the printed directions of the Board relating to Vaccination; and, at all times, necessary supplies of Vaccine Lymph: The Board also earnestly solicit the enlightened and benevolent Clergy of the United Kingdom and its Dependencies, to exhort their parishioners favourably to receive, and justly to estimate the blessing, providentially pointed out, for immediate security against the infection of small pox, and, eventually, for the total eradication of that contagious, loathsome, and fatal disease; and, particularly, to im-

press upon their minds the special duty of the directors of institutions for the benefit of infant-poor, to obtain for the objects of their charitable attention timely and proper Vaccination: And the Board solemnly call upon all persons, especially the Magistrates of the United Kingdom, as they value the lives of human beings, to use their influence and authority in preventing the exposure of persons having upon them small pox; and, so far, in arresting the propagation, and forwarding the extinction of that pestilential malady. *Signed by the President and Censors of the Roy. Col. of Physicians, and the Master and Governors of the Roy. Col. of Surgeons.* J. Hervey, M.D. Registrar.

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On Wednesday, October 5th, 1814, *the Society for Relief of Widows and Orphans of Medical Men, in London and its Vicinity*, held their Half-yearly General Court, when, among other business, the annual election of Officers and Directors took place: and on Saturday, October 29th, the Society held their *twenty-sixth* Anniversary Festival, at Freemasons' Tavern.

His Royal Highness the Duke of Kent, Patron, took the Chair, between the Presidents of the Society and of the Royal College of Physicians. The company was numerous and respectable.

After the usual leading toasts, the Chairman gave "*The Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity—and prosperity to it.*" His R. H. then, in a neat and appropriate speech, took a view of the state of the Society; he expressed great pleasure, in finding that its Members, as well as its Capital, had greatly increased since last year; the present Funds of the Society being Twenty-one Thousand Two Hundred Pounds in the Three per Cent. Consols; out of the Interest of which down to the 21st of last September, no less a Sum than 4,344*l.* had been distributed among the Widows and Orphans of Medical Men, Members of this Society, many of whose families were left without any provision whatever. In which sum of 4,344*l.* is included the sum of 448*l.* paid to the Widows and Orphans of Members in the present year, 1814.

His R. H. then observed, that considering the advantages, however limited, which the Widows and Children of the less fortunate brethren of the Medical Profession reaped from the existence of this Institution, it was a matter of surprise to him, that in a Metropolis like this, in which, according to official printed lists, there was a number not far short of seven hundred Regular Physicians, Surgeons, and Apothecaries, so small a proportion of them, amounting to not quite three hundred, should be Members of this useful Institution. He hoped to see the day, when it would be considered a disgrace to a medical man of respectability *not* to belong to it.

The Duke then suggested certain measures, by the adoption of which, he was of opinion, that its Members would become still more numerous. His observations were so much to the purpose, that in less than half an hour, the names of nearly twenty Gentlemen were handed up, as candidates for admission into the Society.

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## *Monthly Prices of* Substances *employed in* Pharmacy.

| | | S. | D. |
|---|---|---|---|
| Acaciæ Gummi elect. | lb. | 3 | 6 |
| Acidum Citricum - - - | | 34 | 0 |
| —— Benzoicum - - | unc. | 6 | 6 |
| —— Sulphuricum - | P. lb. | 0 | 8 |
| —— Muriaticum - - - | | 2 | 0 |
| —— Nitricum - - - | | 4 | 0 |
| —— Aceticum - - | cong. | 4 | 6 |
| Alcohol - - - | M. lb. | 4 | 6 |
| Æther sulphuricus - - - | | 10 | 6 |
| —— rectificatus - - - | | 12 | 0 |
| Ærugo - - - | lb. | 7 | 0 |
| Aloes spicatæ extractum - - | | 6 | 0 |
| — vulgaris extractum - - | | 5 | 6 |
| Althææ Radix - - | | 1 | 3 |
| Alumen - - - | | 0 | 5 |
| Ammoniæ Murias - - - | | 2 | 6 |
| ———— Carbonas - - | | 4 | 0 |
| Amygdala dulcis - - - | | 5 | 6 |
| Ammoniacum (Gutt.) - - - | | 9 | 6 |
| ——— (Commun.) - - | | 3 | 6 |
| Antheinidis Flores - - - | | 2 | 3 |
| Antimonii oxydum - - - - | | | |
| ——— sulphuretum - - | | 1 | 0 |
| Antimonium Tartarizatum - | | 6 | 6 |
| Arsenici Oxydum - - | | 1 | [illegible] |

| | | S. | D. |
|---|---|---|---|
| Assafœtidæ Gummi-resina - | lb. | 6 | 6 |
| Aurantii Cortex - - - - | | 4 | 6 |
| Argenti Nitras - - - | unc. | 6 | 9 |
| Balsamum Peruvianum - - | lb. | 30 | 0 |
| —— Tolutanum - - | | 20 | 0 |
| Benzoinum elect. - - - | | 10 | 0 |
| Calamina præparata - - - | | 0 | 6 |
| Calumbæ Radix - - - - | | 3 | 6 |
| Cambogia - - - - | | 10 | 6 |
| Camphora - - - | | 9 | 6 |
| Canellæ Cortex - - - | | 5 | 6 |
| Cardamomi Semina opt. - | lb. | 13 | 0 |
| Cascarillæ Cortex - - - | | 3 | 6 |
| Castoreum - - - | unc. | 5 | [illegible] |
| Catechu Extractum - - | lb. | 2 | 4 |
| Cetaceum - - - - | | 3 | 0 |
| Cera alba - - - - | | 4 | 0 |
| —— flava - - - - | | 3 | 6 |
| Cinchonæ cordifoliæ Cortex (yellow) | | 8 | 6 |
| —— lancifoliæ Cortex (quilled) | | 10 | 6 |
| —— oblongifoliæ Cortex (red) | | 16 | 0 |
| Cinnamomi Cortex - - - | | 20 | 0 |
| Coccus (Coccinella) | unc. | 3 | 6 |
| Colocynthidis Pulpa - | lb. | 7 | 6 |
| Copaiba - - - - | | 6 | 6 |

| Substance | Unit | S. | D. |
|---|---|---|---|
| Colchici Radix | | 3 | 6 |
| Croci stigmata | unc. | 4 | 6 |
| Cupri sulphas | lb. | 1 | 0 |
| Cuprum ammoniatum | | 14 | 0 |
| Cuspariæ Cortex | | 4 | 0 |
| Confectio aromatica | | 10 | 0 |
| —— Aurantii | | 3 | 6 |
| —— Opii | | 6 | 0 |
| —— Rosæ Caninæ | | 2 | 0 |
| —— Rosæ Gallicæ | | 2 | 0 |
| —— Sennæ | | 1 | 8 |
| Emplastrum Lyttæ | | 7 | 6 |
| —— Hydrargyri | | 3 | 0 |
| Extractum Cinchonæ | unc. | 3 | 0 |
| —— Cinchonæ resinos. | | 5 | 0 |
| —— Colocynthidis | | 3 | 6 |
| —— Colocynthidis comp. | | 1 | 6 |
| —— Conii | | 0 | 8 |
| —— Gentianæ | | 0 | 6 |
| —— Glycyrrhizæ | lb. | 4 | 6 |
| —— Hæmatoxyli | unc. | 0 | 8 |
| —— Humuli | | 0 | 6 |
| Extractum Hyosciami | unc. | 1 | 0 |
| —— Jalapæ 2*s*. 0*d*. | Res. | 3 | 6 |
| —— Opii | | 3 | 6 |
| —— Papaveris | | 1 | 0 |
| —— Rhæi | | 2 | 6 |
| —— Sarsaparillæ | | 1 | 0 |
| —— Taraxaci | | 0 | 8 |
| Ferri carbonas | lb. | 1 | 0 |
| — sulphas | | 1 | 3 |
| Ferrum ammoniatum | | [illegible] | 0 |
| —— tartarizatum | | 4 | 6 |
| Galbani Gummi-resina | | 10 | 0 |
| Gentianæ Radix | | 1 | 0 |
| Guaiacum | | 9 | 0 |
| Hydrargyrus purificatus | | 6 | 6 |
| Hydrargyri Oxymurias | unc. | 0 | 9 |
| —— Submurias | | 0 | 9 |
| —— Nitrico-Oxydum | | 0 | 9 |
| —— Oxydum Cinereum | | 1 | 4 |
| —— Oxydum rubrum | | 6 | 0 |
| Hydrargyrus præcipitatus albus | | 0 | 9 |
| Hydrargyri Sulphuretum rubrum | | 0 | 8 |
| Hellebori nigri Radix | lb. | 2 | 6 |
| Ipecacuanhæ Radix | | 22 | 0 |
| —— Pulvis | | 24 | 0 |
| Jalapæ Radix | | 6 | 6 |
| —— Pulvis | | 7 | 6 |
| Kino | | 12 | 0 |
| Liquor Plumbi Acetatis | M. lb. | 1 | 8 |
| — Ammoniæ | | 2 | 6 |
| Linimentum Camphoræ comp. | | 6 | 0 |
| Lichen Islandicus | lb. | 1 | 4 |
| Lyttæ | | 14 | 0 |
| Magnesia | | 9 | 0 |
| Magnesiæ Carbonas | | 3 | 6 |
| —— Sulphas, opt. | | 1 | 6 |
| Manna optima | | 7 | 0 |
| — communis | | 5 | 0 |
| Moschus pod, 56*s*. | in gr. unc. | 48 | 0 |
| Mastiche | lb. | 6 | 6 |
| Myristicæ Nuclei | | 24 | 0 |
| Myrrha elect. | | 8 | 6 |
| Olibanum | | 3 | [illegible] |
| Opoponax | | 26 | 0 |
| Opium (Turkey) | | 32 | 0 |
| Opium (East India) | | 51 | 0 |
| Oleum Amygdalæ | lb. | 4 | 0 |
| — Anisi | unc. | 2 | 9 |
| — Anthemidis | | 6 | 0 |
| — Cassiæ | | 8 | 0 |
| — Caryophilli | | 5 | 6 |
| — Cajuputi | | 6 | 6 |
| — Carui | | 1 | 9 |
| — Juniperi Ang. | | 4 | 0 |
| — Lavendulæ | | 5 | 0 |
| — Lini | cong. | 6 | 0 |
| — Menthæ piperitæ | unc. | 4 | 6 |

| Substance | Unit | S. | D. |
|---|---|---|---|
| Oleum Menthæ viridis Ang. | unc. | 4 | 6 |
| — Olivæ | cong. | 23 | 0 |
| — Olivæ secundum | 12*s*. to | 16 | 0 |
| — Pimentæ | unc. | 6 | 0 |
| — Ricini optim. | (per bottle) | 10 | 6 |
| — Rosmarini | unc. | 0 | 9 |
| — Succini 2*s*. 4*d*. —— | rect. | 4 | 0 |
| — Sulphuratum | P. lb. | 1 | 6 |
| — Terebinthinæ | | 1 | 9 |
| — — rectificatum | | 2 | 3 |
| Papaveris Capsulæ | (per 100) | 3 | 0 |
| Plumbi Carbonas | lb. | 0 | 8 |
| — Superacetas | | 2 | 6 |
| — Oxydum semi-vitreum | | 0 | 8 |
| Potassa Fusa | unc. | 0 | 9 |
| — cum Calce | | 0 | 6 |
| Potassæ Nitras | lb. | 1 | 3 |
| — Acetas | | 8 | 6 |
| — Carbonas | | 1 | 6 |
| — Supercarbonas | | 4 | 6 |
| — Sulphas | | 1 | 4 |
| — Sulphuretum | | 2 | 6 |
| — Supersulphas | | 0 | 6 |
| — Tartras | | 3 | 6 |
| — Supertartras | | 1 | 6 |
| Pilula Hydrargyri | unc. | 0 | 9 |
| Pulvis Antimonialis | | 0 | 8 |
| Resina Flava | lb. | 0 | 5 |
| Rhæi Radix (Russia) | | 40 | 0 |
| —— (East India) | | 16 | 0 |
| Rosæ petal. | | 9 | 0 |
| Sapo (Spanish) | | 2 | 6 |
| Sarsaparillæ Radix | | 7 | 0 |
| Scammoneæ Gummi-Resina | unc | 2 | 6 |
| Scillæ Radix siccat | lb. | 5 | 6 |
| Senegæ Radix | | 4 | 0 |
| Sennæ Folia | | 7 | 0 |
| Serpentariæ Radix | | 30 | 0 |
| Simaroubæ Cortex | | 4 | 6 |
| Sodæ Boras | | 4 | 0 |
| — Sulphas | | 0 | 10 |
| — Carbonas | | 3 | 0 |
| — Subcarbonas | | 1 | 8 |
| — — exsiccata | | 5 | 0 |
| Soda tartarizata | | 3 | 0 |
| Spongia usta | | 24 | 0 |
| Spiritus Ammoniæ | M. lb. | 4 | 0 |
| —— —— aromaticus | | 4 | 0 |
| —— —— fœtidus | | 4 | 0 |
| —— —— succinatus | | 5 | 0 |
| — Cinnamomi | | 3 | 0 |
| — Lavendulæ | | 4 | 6 |
| — Myristicæ | | 3 | 6 |
| — Pimentæ | | 3 | 6 |
| — Rosmarini | | 4 | 0 |
| — Ætheris Aromaticus | | 6 | 6 |
| — — Compositus | | 6 | 6 |
| — — Nitrici | | 4 | 0 |
| — — Sulphurici | | 6 | 6 |
| — Vini rectificatus | cong. | 28 | 0 |
| Syrupus Papaveris | lb. | 2 | 0 |
| Sulphur | | 0 | 8 |
| — Sublimatum | | 0 | 10 |
| — Lotum | | 1 | 0 |
| — Præcipitatum | | 1 | 2 |
| Tamarindus opt. | | 2 | 6 |
| Terebinthina Vulgaris | | 0 | 10 |
| Terebinthina Canadensis | | 7 | 6 |
| Terebinthina Chia | | 9 | 0 |
| Tragacantha Gummi | | 8 | 0 |
| Valerianæ Radix | | 1 | 6 |
| Veratri Radix | | 1 | 6 |
| Unguentum Hydrargyri-fortius | | 5 | 6 |
| —— —— Nitratis | | 2 | 8 |
| —— —— Nitrico-oxy. | | 3 | 0 |
| Uvæ Ursi Folia | | 2 | 6 |
| Zinci Oxydum | | 6 | 0 |
| — Sulphas purif. | | 2 | 6 |
| Zingiberis Radix opt. | | 3 | 6 |

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## MONTHLY CATALOGUE OF BOOKS.

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Appendix to Callow's Modern Catalogue, containing the New Works published during the Present Year; to which is added a large collection of Foreign Books lately imported.

### IMPORTED.

Alibert, Description des Maladies de la Peau observées à l'Hôpital St. Louis, et Exposition des meilleures methodes suivies pour leur Traitement. Grand in fol. pap. vel. fig. color. 9 livraisons.—Belloc, Cours de Medicine Légale, Théoretique et Pratique, 8vo.—Mémoires de la Societé Médicale d'Emulation. 8vo. 7 vols. fig. 1798-1811.—Ploucquet, Litteratura Medica Digesta, sive Repertorium Medicinæ Practicæ, Chirurgiæ, atque Rei Obstetriciæ. 4 tom.—Scarpa, Traité Pratique des Hernies, ou Mémoires Anatomiques et Chirurgicaux sur les Maladies. Traduits de l'Italien, par M. Cayol, avec planches, en folio.—Hippocratis Aphorismi et Prænotionum Liber Græcé et Latiné. Edente par Bosquillon, Parisiis, 1814.—Callow.

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## INDEX INDICATORIUS.

*Anxiety to include in the present volume a Review of some books of peculiar interest, by which that department is unusually extended, the length of* Mr. Brande's *Lecture, and the importance of the paper from the National Vaccine Establishment, have compelled the* EDITORS *to abridge some parts of the* REPOSITORY, *and to postpone many articles of intelligence, which they hope will be excused.*

*The favours of* Dr. Clough, Messrs. Dowthwaite, Rose, Toone, Bythell, Roberts, *&c. are thankfully acknowledged.*

Mr. West *has our particular thanks for his attention to our request; and we regret his communication came too late for insertion in the present number.*

*We recommend the* Borough Student *to prefer a respectful remonstrance to the Lecturers of St. Thomas' and Guy's Hospitals, who would not fail to correct the alledged impropriety, if pointed out to them.*

# INDEX.


ANATOMY AND PHYSIOLOGY, Report of their Progress 5
*Abernethy*'s Lecture on Hunter's Theory of Life 11, 226
Adulteration of Medicines 14
Alcohol, on its production 15
——— on the composition of 337, 343
Absorbent System, Diseases of 32
Abernethy's Enquiry, strictures on 47
Apoplexy produced by cold, remarks on 106
Animals, fossil remains of, as discovered and classed by Cuvier 134
*Acarus scabiei*, some account of 165
Apothecaries, Committee of, notice from 170
*Attropa Belladonna* in hydrophobia, in nota 202
——— in Tic Doloreux 203
*Alexander, R. H.* his case, of inverted uterus 207
Amputations, Larrey on 239
*Ambulance Volante*, what, in nota 241
Arsenic, on the solubility of in water 250
*Abernethy*'s Enquiry, defence of 207
Ammonia, effects of, in preventing contagion 262
Albumen, on, as correcting the poison of corrosive sublimate 321
Antimony, on the composition of the sulphuret of 349
Æther, on the composition of, by De Saussure 415
Antisepticity of vegetable febrifuges 426
Anther Powder, on the forms of 343, 427
Acids, vegetable, composition of 431
Aneurism of carotid artery, first operation for, in America 435
American medical literature, state of 437
Arsenious acid, observations on 482
——— its action on the animal œconomy 485
Arsenious acid, morbid appearances from 485
——— detection of as a poison 486
Antimonial poisons, chemical tests of 489
——— case of, with dissection 490
——— methods of detecting 491
——— decoct. of cinch. flav. antidote for 492
*Adams Sir W.* letter to, on cataract 470

*Brande, Professor,* his obs. on the use of magnesia in calculous complaints 17
——— his lecture on secretions 85
*Bostock, Dr.* his arrangement of the primary animal fluids 18
Bronchial Glands, on the colouring matter of, by Dr. Pearson 19
Blood-letting in Typhus, Dr. O'Donnel on 30
*Brodie*, on the influence of the eighth pair of nerves on secretions of the stomach 33
*Beclard*, on the respiration of the liquor amnii, by the fœtus 79
Bone, analysis of human 81
Belladonna in hydrophobia, in nota 202
Bill for regulating the practice of apothecaries, notice of postponement 96
Bile, on the existence of sulphur in the 166
Blood, on the existence of sulphur in the 167
Books on medical science published in France 272, 360

*Bellingham's* observations on a case of hydrocephalus 280
*Brodie, B. C.* on the secretion of the stomach 331
*Blegborough, Dr.* case of ruptured uterus 361
*Bennie*, on the use of the ligature for removing uterine polypus 414
Baths, Finland 410
— warm, for horses 435
Bricks that swim in water 433
*Balfour, Dr.* on the re-union of separated parts 434
Books, foreign, imported 448, 536
Bougie, its effect in diseased urethra 450, 451
*Busnout, Charles*, dissertation sur la rage 512
Blood, sweating of, dissertation on 514
*Brande, Prof.* his introductory lecture on materia medica 521
Books, Analytical Review of Medical, &c. Geoghegan on the Venereal Disease, 54. Dr. Burnet on Bilious Remittent Fever, 67. Cuvier on the theory of the earth, 131. Powell on yellow fever, 138. Goodlad on Diseases of the Absorbent System, 141. Clarke on Diseases of Females attended with Discharges, 209. Abernethy's Lecture on Hunter's Theory of Life, 226. The Art of preserving the Sight, 234. *Traité du Croup*, par F. J. Double, 302. An Account of Baths and a Madeira-House at Bristol (with a diagram), by Edward Kentish, M.D. 310. *Traité du Poisons tirés des Règnes Minéral, Végétal, et Animal, ou Toxicologie Générale*, &c. par M. P. Orfila, M.D. 317, 482. Edmondston on Hydrophobia, 384. Brenan on Puerperal Fever, 392. Pursh's *Flora Americæ Septentrionalis*, 394. Armstrong on Puerperal Fever, 478. Willan on *Porrigo* and *Impetigo*, 501. Merriman on Parturition, 510. Hopkins' Accoucheur's Vade-Mecum, 511.

Calculus, on the treatment of, by Professor Brande 17
— intestinal, chemical analysis of 243

Chemistry, animal, Bostock on 18
*Courtois*, the discoverer of Iodine 20
*Clarke*, on Diseases of Females 35
Calomel in puerperal fever 38
Child-bed, on sudden death in 42
Chancre, phagedenic, remarks on 62
Catalogue, monthly, of Books 96, 184, 272, 360, 448, 536
Carditis, and the morbid appearances on dissection 124
*Clanny, Dr.* on urinous vomiting 128
College of Surgeons, notice from the Royal 170
*Carcinoma Recti*, account of 217
——— general management in 218
——— *Uteri*, description and treatment of 220, 221
Chinese, on the chemical knowledge of 235
Contagion, power of ammonia in preventing 262
*Clough, Dr.* cases of dystocia instrumentalis 274
Croup, examination of the membraniform concretion in 305
— detail of writers who have noticed 307
— division of into three species 309
Corrosive sublimate, observations on as a poison 320
——— methods of ascertaining whether taken as a poison 324
*Chapotin, Dr.* on the swelled legs of the Isle of France 336
*Chapman, R.* case of remarkable obesity 378
Calculi, intestinal, examination of, by Robiquet 423
Colchicum autumnale, use of infusion in gout 434
Chincona, the antidote of antimonial poisons 492
*Ceratophytæ* (new genus of fucus), described 512
*Caizerques, Dr. F. C.* on sweating of blood 514
Cases. Cynanche trachealis, case of, 41—of sudden death in child-bed, 45—of syphilitic ulceration of the fauces, 65—of impetigo figurata, of lepra, 93—of carditis, with dissections, 124—of ichthyosis, 181—of hydrophobia, 197—of tic doloreux, 203—of internal inguinal hernia, with dissection and a plate, 204—of inverted uterus, 207 — of carcinoma uteri, 222 — of amputations, 240, 1, 4, 3, 2, 5, 6,

and 8—of colica pictonum, 269—of mania, ibid—of epidemic sore throat, ibid—of gastritis from arsenic, 270—of dystocia instrumentalis cephalatomia, 274—of stricture, fatal, with a diagram, 282—of puerperal fever, 357—of sudden death, 358—of ruptured uterus, with a plate, 361—of diseased liver, 372—of tumor on the wrist, 376—of chylous dropsy, 377—of obesity, with dissection, 378—of mortification, 380—of rubeola occurring twice, 381—of nodes treated by nitric acid, 382—of puerperal fever treated by oleum terebinthinæ, 392—of poisoning by hemlock, 412—of polypus uteri, 414—of singultus, 445—of artificial premature labour, 446—on irritation in the urethra, 449, 50, 1, 2, 3—of pompholyx diutinus, 453—of puerperal fever, 479—of poisoning by tart. of antim. 490—of poisoning by verdigris, 497—of poisoning by verdigris cured by sugar, 499—of rabies, 513—of sweating of blood, 514

Druggists, continental, their nefarious practices 14
Diabetes, Mellitus, on opium in 30
Death, sudden, in child-bed 4[illegible]
DISEASES IN LONDON, MONTHLY OBSERVATIONS ON 92, 180, 268, 356, 444, 532
Diseases, singular, among the Nogays 154
*Dunal, Michel F. Dr.* on the genus solanum 169
*Dessaignes, M. de*, on the phosphorescence of compressed gas 252
*Dystocia instrumentalis*, Dr. Clough's cases of 274
Diabetic urine, composition of 350
Dropsy chylous, case of 377
Dog, rabid, treatment of its bite by ablution 387
Delphinium consolida, use of in dyspnœa 433

Electricity, its analogy to life 12
Elaterium in dropsy 50
*Equisetum arvensis*, analysis of the tubers attached to the roots of 83
Elephant, fossil remains of 138
Emetics, objections to in yellow fever 140
——— in poisoning by cicuta 414
Eau medicinale, on the supposed composition of 434

Fat, on the secretion of in the lower intestines 6
*Flora America Septentrionalis* 21
Fossil organic remains, Cuvier on 22
——— at Brentford 23
*Ferguson*, his remarks on syphilis 34
Fever, puerperal, observations on 37
*Field's* quarterly report of diseases at Christ's Hospital 40, 273
Fever, bilious remittent, symptoms of 68
—— cases of 70
—— cure of 71
—— appearances on dissection in 72
—— on depletion in 74
—— treatment of by *Aregula* 75
FOREIGN MEDICAL SCIENCE and LITERATURE, 79, 155, 239, 335, 411, 512
Fecundity, extraordinary 94
Fog, remarkable, in note 102
Fœtus, found in the abdomen of a youth 173
*Forman*, his invention to preserve vaccine lymph 174
*Fabbroni* on coloured hail 253
Fucus, new, account of 409, 512
Finland Baths, account of 410

Gangrene, treatment of by M. Larrey 3
——— on the prevention of inflammation in 60
*Gallois, Le*, experiments of, on the vital principle 9
Gout, cold water applied to the limbs in, by Dr. Harvey 79
Glands, absorbent, their structure 143

Gases, compressed, on their phosphorescence 252
Genitals and bladder, mal-formation of 335
Glandular disease of Barbadoes in the Isle de France 336
Gum of. Lichens 350
*Goodlad, W.* on irritation of the urethra 449

Hydrencephalus, a term proposed instead of hydrocephalus 29
Hydrocephalus, Thomson and Smyth on ibid
——— on inflammation in ibid
——— observations on a case of 280
——— observations on a case of, by Croker 469
Hydrophobia, effects of vomiting in 30
——— Russian remedies for 153
——— case of, by Kerrison 197
——— excision of the bitten part in 385
——— treatment of the wound after 386
——— on vomiting as a remedy for 389
——— inoculation with the saliva of a patient in, effect of 513
——— effect of opium injected into the veins in case of ibid
——— communicated by the caresses of a dog ibid
*Hogben*, his obstetric tables 35
*Higginbottom*, on the ung. hydrarg. 53
*Harvey Dr. William*, anecdotes of 77
*Hildebrandt*'s analysis of a human bone 81
——— on the preservation of meat in the gases 168
Human body, curious preservation of 94
*Herrmann, C. T.* his description of the salt lakes of Russia 119, 193
*Home, Sir E.* on injuries to the brain 170
——— account of a fossil skeleton 172
Hernia, internal inguinal, with a plate 204
*Herpes præputialis*, Royston on the cause of 206, 368, 371
*Hunter, John*, character of 228
Hail, coloured, account of 253
*Hirundo Edulis*, account of 334
Hepatic affections, observations on 375
Hemlock, case of poisoning by 412
*Haaf, J. F.* on poisoning by hemlock ibid

Iodine, discovered by M. Courtois 26
INTELLIGENCE, MEDICAL & PHYSICAL 85, 163, 259, 347, 400, 521
Inoculator, itinerant, of small pox 93
INDEX INDICATORIUS, 96, 184, 272, 360, 448, 536
Insanity, Lucett's establishment for, in nota 111
Inoculation, with scrofulous matter, effect of 147
*Jaquinto, Dr.* his remedy for phthisis 153
Jacksonian prize for 1815 169, 430
*James*'s sofa for invalids, with a plate 174
Irritability, its relation to magnetic and electric phenomena 231
Ireland, School of Physic in 341
Intelligence, chemical 349
*Julia, I. P. C.* on the antisepticity of vegetables 425
Iris *cristata*, effect of 433
*Impetigo*, genus and species described 507

*Kerrison*, case of hydrophobia 197
——— obs. on 201
*King*, on uterine hæmorrhage in parturition 208
*Klaproth*, on the chemical knowledge of the Chinese 235
——— on the solubility of white arsenic 250
Knight, P. S. case of nodes 382
*Koelreuter*, on the forms of anther powder 343

Life, experiments on the principles of by Le Gallois 7
— extraordinary tenacity for in some animals, in nota 9

Life, principle of, illustrated by Abernethy 11, 226
Liquor amnii, supposed to be respired by the fœtus 80
Leeches, monthly price of 94, 182, 270, 358, 446, 534
Leprosy, historical remarks on 154
*Larrey* on amputations 239
LECTURES in London, &c. 182, 270, 272, 348, 349
*Linussio, L. L.* on a fall on blood-coloured rain 257
Lichens, composition of the gum of 350
Liver, diseased case of 372
Longevity, instances of 435
Literary notices 436
Labour, premature, artificial, on 446

MATERIA MEDICA, CHEMISTRY, BOTANY, and NATURAL HISTORY—Report on their progress 14
Magnesia, its utility in calculous complaints 17
Man, physical history of, by Dr. Pritchard 25
Materialism, Abernethy's enquiry, said to favour 48
Mercury, on, in gangrene of the penis 54
METEOROLOGICAL TABLE for Derby, 87, 175, 263, 351, 439, 527—for Richmond in Yorkshire, 88, 176, 264, 352, 440, 528—for London, 91, 179, 267, 355, 443, 531
Mortality of the Russian empire in 1811 94
MONTHLY CATALOGUE OF BOOKS, 96, 184, 272, 360, 448, 536
MORTALITY, LONDON BILL OF, 91, 179, 267, 355, 443, 533
*Majendie* on the nature of vomiting 155
*Maingault*, his obs. on vomiting 157
Meat, preservation of in gases 168
Muscular fibres, and muscular motion, account of 230
*Mills*, Dr. defence of treating fever by blood-letting 295
Muriate of mercury, albumen, the antidote for 323
Mercury, metallic, obs. on its power of affecting animal bodies 329
Medusas, account of 407
Milk powder, history of its discovery 432
Medico-botanical information 433
Medico-surgical information 434
*Mayd, W. I.* on pompholyx diutinus 453
*Materia Medica*, importance of the study of 521

NOSOLOGICAL TABLE of Diseases from December to May 98
Nogays, singular disease among the 154
Nervous system, sketch of, by Abernethy 232
Nerves, influence of the eighth pair on the secretions of the stomach, by Brodie 331
Nile, water of the 350
*Newnham, W.* his case of diseased liver 372
Nitric acid, its effect applied to Nodes 382
Nomenclature, new Edinburgh, universal in America 433
National vaccine establishment 533

Organic remains, account of some found near Brentford 23
Opium in diabetes mellitus 30
— in uterine hæmorrhage 38
*O'Donnel, Dr. I.* on blood-letting in typhus 50
Observations on the prevailing diseases of London, 92, 180, 268, 356, 444, 532
*Oldknow*'s translation of Larrey on amputations 239
Obesity, remarkable case of 378
*Oleum terebinthinæ*, a remedy for puerperal fever 392
Opium injected into the veins in hydrophobia, effect of 513

*Pearson, Dr.* his examination of the black bronchial glands 19
*Pritchard, Dr.* notice regarding his researches 25

Pertussis and cynanche trachealis, obs. on 28
Penis, on erysipelatous inflammation of 56
Phymosis, on the local treatment of 59
Pharmacy, monthly price of substances used in 94, 182, 270, 358, 446, 534
Phials, monthly price of 94, 182, 270, 358, 446, 534
Phthisis, remedy for 153
*Procidentia uteri*, obs. on 213
Pessaries, rules for their employment 216
*Procidentia vesicæ*, on 217
Polypus of the uterus, description and treatment of 222, 414
*Petazzi*, his analysis of the water of Roisdorff 252
*Pourtalez, I. de*, on blood-coloured rain 256
Pulmometer, Dr. Kentish's, its utility, (with a diagram) 316
Poisonous substances, classification of 318
Poisons, mercurial, account of 319
Puerperal fever, cases of, &c. 357
*Pursh, F.* his additions to the flora of North America 396
*Pompholyx diutinus*, obs. on 456
Poisoning by corrosive sublimate, case of 457
——— use of albumen in 458
Plants growing near Stourport 460
Puerperal fever, contradictory account of 474
——— its progress and symptoms 475
——— physionomy of 478
——— treatment of, by Dr. Armstrong 479
——— contagious and inflammatory 480
——— cause and prevention of ibid
Poisons, arsenical, classification of 482
—— antimonial, classification of 488
—— cupreous, classification of 494
*Porrigo*, genus and species described 501
Parturition, obs. on 510, 511
—— uterine hæmorrhage during 209

Questions, prize, by College of Surgeons, London, for 1814 and 1815 430
——— Edinburgh 431

Report, half-yearly, on the progress of medical science 1, 97
*Ramsbotham, Dr.* on sudden death in child-bed 42
Richmond, in Yorkshire, obs. on weather and diseases in 88, 176, 264, 351, 440, 528
Register of Diseases in London 89, 177, 265, 352, 441, 529
Russian Empire, births and deaths in, in 1811 94
*Robertson, Dr.* on the origin of the venereal disease 112, 185
*Ring*, case of internal inguinal hernia, (with a plate) 204
*Royston*, on the cause of herpes præputialis 206
Roisdorff, its mineral water analyzed 252
Rain, blood-coloured, account of 256
Rubeola, case of occurring twice 381
*Robiquet*, his analysis of intestinal calculi 423
Rabies canina, Busnout, thesis on 512
——— inoculation with saliva of a man under 512
——— injections of solution of opium into the veins, effect of in 514

Societies, Medical and Philosophical, account of 2
*Spursheim's* lecture on the brain, in nota 8
Sheep, a new variety appeared in Massachusetts 26
*Shattuck, Dr.* his anatomical examination of the *ancon* sheep 27
*Smyth, Dr. I. C.* some remarks on his treatise on hydrencephalus 29
Scrofula, relative prevalence of in different places 32
Syphilitic virus, remarkable facts respecting its laws 34
Sudden death in child-bed, obs. on, by the Editors 47
Sarsaparilla, on its properties 63
Syphilis, on the failure of mercury in some cases of 64
Selections 77, 158, 235, 331, 407, 511
*Smolousky* on the tubers of the equisetum arvensis 83
Secretions, lecture on, by Professor Brande 85
Substances used in Pharmacy, Monthly Prices of 94, 182, 270, 358, 446, 534

# INDEX.


Salt lakes and rock salt of Russia 119, 193
Scrofulous affections, remarks on 145
—— absorbent glands, treatment of 149
Scrofula, constitutional treatment of 152
Sýriray, on the existence of the acarus scabiei 165
Sulphur, its existence in the bile and the blood 166
*Solanum*, the natural, medical, and œconomical history of 169
Society, Royal, meeting of 170
—— Linnæan, meeting of 172
Spider, obs. on its œconomy ibid
Sofa, patent, for invalids, James's 174
Salt, table of the mean quantity from the salt lakes of Russia 195
Secretions in the sexual organs of females 210
Sympathies, remarks on 212
Snow, red-coloured, in nota 258
Stricture, fatal operation for, (with a diagram) 282
*Saussure, de* on the composition of alcohol 337, 343
—— of æther 415, 425
Sulphuret of antimony on the composition of 349
Separated parts, re-union of 434
*Saunders, O. M.* case of poisoning by corrosive sublimate 457
STOURPORT, medical topography of 459
—— prevailing diseases at 463
—— hepatitis, frequent at 464
*Scabies*, treatment of 471
Sugar, the antidote for cupreous poisons 499
Sweating of blood, case of 514
Society for relief of widows, &c. of medical men 534

*Trimmer, W. K.* his account of some organic remains 23
THEORY AND PRACTICE OF MEDICINE, SURGERY, AND MIDWIFERY, report on the progress of 27
Theory of life, strictures on Abernethy's enquiry into 47
Typhus, on blood-letting in 50
Thames frozen over 105
Tubercle, fleshy, of the uterus 224
Theory and hypothesis distinguished 226
Theorizing, advantages of 227
—— in medicine, obs. on 366
Teeth, fluoric acid in the 337
Tumour of the wrist, case of 376
Topography, medical, of Stourport 459

Uterus, on the muscular structure of 5
Vaccination, its progress in France 31
—— report of the state of in London 259
—— at the Cape and Ceylon 260
—— at Conway in North Wales ibid
—— in Persia ibid
—— in Sweden 261
—— in France 262
—— a novel effect of 294
—— instance of its removing a cachetic habit ibid
*Vise*, answer to queries on puncturing the bladder 52
*Unguentum hydrargyri*, preparation of 53, 293
Venereal disease, on its origin 1??, 185
Urinous vomiting, a reply to a criticism upon a case of 128
Vomiting, memoir on, by Majendie 155
—— influence of the diaphragm in 157
—— abdomen in 161
—— action of the stomach in 163
—— its use in hydrophobia 30, 389
*Vogel, M.* on the existence of sulphur in the bile and blood 166
Vaccine lymph, method of preserving 174
Uterus, inverted, case of 207
Uterine hæmorrhage during parturition, remarks on 208
*Urticaria*, a symptom of cancer of the uterus [illegible]
Vitality, obs. on as connected with structure 229
Viscera, abdominal, disordered state of, mistaken for hydrocephalus 289
Vapour, mercurial, effects of 328
Urine, fluoric acid in 337
— diabetic 350
Uterus, case of ruptured, (with a plate) 361
Uterus, ruptured, historical obs. on 364
Vegetable acids, composition of 431
Viola *clandestina*, account of the 433
Urethra, obs. on the diseases arising from irritation of 449
Uterine hæmorrhage, treatment of 466

Uterine hæmorrhage use of brandy in 467
Verdigris, observations on its poisonous effects 495
—— chemical tests for 496
—— effects of on the animal œconomy. 497
—— SUGAR, an *antidote for the poison of* 499
Vaccine National Establishment, resolutions of 533

Walcheren fever, remarks on 50
Weather, synoptical view of, from December 1813 to May 1814 102
Works in, and preparing for, the press 184, 536
*Williams, I.* on a fatal operation for stricture 283
*Willaume*, his case of mal-formation of the genitals and bladder 335
Water of the Nile, composition of 350
*Williams's, Reginald*, cases of mortification 360
*Weaver, F. W.* cases by 376
*Watson, Kenrick*, his medical topography of Stourport 459
*Wilson, I.* on the cure of scabies 470

## *CORRIGENDA.*

Page 32 bottom line, *for* fever *read* form
56 line 13 from top, *dele* particularly among females
159 line 5 *for* pulp *read* pulpy
221 line 7 *for* those *read* these
274 *for* Dyslochia, *read* Dystocia through Dr. Clough's paper.
346 line 5 *insert* be *after* only
357 line 8 from bottom, *read* "The liver, kidneys, large and small intestines."
433 line 23 for *eristata* read *cristata.*
481 line 18 *for* adopted *read* adapted.

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